BINDING

MARGIN RESERVED

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PHYSICIANS back instructions carefully important. be plnods OF ation

1. PLACE OF DEATH WITHIN CORPORATE LIMITS OF County Frederick Registration Dist. No. Village or City Frederick No. Frederick City Hospital No. Frederick City Hospital St.,

(If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred _____yrs,______ mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME Evelyn Irene Abrechth Taneytown. Tanevtown. Maryland (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Female White Married 5a. If married, widowed, or divorced William B. Abrecht. HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of March 16. 1909 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Devs 1 day, hrs. 25 The PRINCIPAL CAUSE OF DEATH and related causes of Importance 11 or____min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION Housewife 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 11. Total time (years)
spent in this 10. Date deceased last worked at this occupation (month egan. occupation .. Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) Marvland (State or country) William Mayhugh 13. NAME 14. BIRTHPLACE (city or town). (State or country) What test confirmed diegnosis? MOTHER 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?______ Date of Injury______ 19 (State or country) Where did injury occur?___ (Specify city or town, county and State) 17 INFORMANT Mr. William Abrecht Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 320 W. Patrick St., Frederick. 18, BURIAL, CREMATION, OR REMOVAL Mt. Ol ovet Cemetery Manner of injury Md. Date March 2. 19 35 M. R. Etchison & Son 24. Was disease or injury in any way related to occupation of deceased? (Address) Frederick, Maryland If so, specify 20. FILED 1- march 19.35. Dra

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	-11
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAG 5 1935			
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

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plnous	DOC 1	/
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IYSICIAN	statemen	
Y. PH	Exact	
arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	I in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
stated E	properly	rtant. See instructions on back of certificate.
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plnous	it may	n back
AGE	o that	tions o
upplied.	terms, s	e instruc
ly s	lain	Se
areful	I in p	tant.

RD. Every item of infor-A PERMANENT WITH UNFADING INK-THIS IS CAUSE OF DEATH TION is very impos mation should be

MARGIN RESERVED FOR BINDING

V. S. No.

	1. PLACE OF DEA	TH	/	LAND		
	County Freder	ick	>	Fithin the Con	Registration Dist. No. 13	
	Village or City_Fro			(Ii	No. Frederick City Hospital St., f death occurred in a horpital or institution, give its NAME instead of street and not the st	umber)
	2. FULL NAME C	lara Virg	inia Adar	ns		
	(a) Residence: No.	133 West	Fourth (Usual place	of abode)	St., Ward. If nonresident give city or town and S	Stale
_	PERSONAL AN	ID STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	The second second second	er or race	5. SINGLE, MAR OR DIVORCE Single	RIFD, WIDOWED, D (write the word)	21. DATE OF DEATH February 7th, (Month) (Day)	1935 (Year)
	A. If married, widowed, or diversity of the HUSBAND of (or) WIFE of		ntomber (29 1016	22. 1 HEREBY CERTIFY, That I attended d	eceased from
_	DATE OF BIRTH (month, day AGE Years	Months	Days Days	If LESS than	to have occurred on the date stated above, at 9 of Pm.	death is said
	18	4	9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1411-91
OCCUPATION	8. Trade, profession, or p. kind of work dona, SAWYER, BOOKKEE 9. Industry or business in work was dona, as SAW MILL, BANK, 10. Data deceased last won this occupation may year)	as SPINNER, EPER, etc which SILK MILL, Uni etcuni rked at	on Mfg. (CO. ime (years) nt in this 2 yrs	Pulmorrary Ossa bolism	Data of one of Jaw 23 Jaw 27 Wi S Leb, 7
12	2. BIRTHPLACE (city or town) (State or country)	Marylan	d		Other Contributory Causes of Importance:	
ER	13. NAME Frank H	R. Adams				
FATHER	(State of country)	wn)Mary	land		Nama of operation	1 opsy? 20
JER	15. MAIDEN NAME Ar				23. If death was dua to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Annie Poole 16. BIRTHPLACE (city or town) (State or country) Maryland			nd		Accidant, suicide, or homicide? Date of Injury Where did injury occur?	
17	7. INFORMANT F. R. (Address) Frede	Adams rick, Ma	ryland	••••••••	(Specify city or town, county and State, Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	DE.
18	B. BURIAL, CREMATION, OR R Place Frederic	REMOVAL MO	unt Olive Data 2/1	t Cemetery O ,19 35	Manner of injury	
19	O. UNDERTAKER M. R. (Address) Frede	Etchison rick, Ma	& Son		24. Was disease or injury In any way related to occupation of deceased?	hu.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 weck ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastrocnteritis May 1,1923 1 year

CAUSE OF DEATH in plain terms, so that it may be

nation should be carefully supplied.

V. S. No. 1

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	0	NT RE	LY.	l. Exa	
	NDING	RMANE	XACT	classified	
	RESERVED FOR BINDING	NG INK-THIS IS A PERMANENT RECORD. Every item of infor-	AGE should be stated EXACTLY. PHYSICIANS should state	that it may be properly classified. Exact statement of QCCUPA.	
	ED]	HIS	be s	be r	
	SERV	NK-T	should	it may	
	RES	NG I	AGE	that	

/	STATE OF MARYLAND—	CERTIFICATE OF DEATH
/	1. PLACE OF DEATH	99
/	County Frederick	Registration Dist. No. 138
	Village or City Barthslow - P. f. D. mt	St., Ward f death occupied in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city or town where deeth occurred/_yrsb_mos	
	2. FULL NAME amma M. Beall.	
	(a) Residence: No. Bartholow, Mrd.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	1. SEX 1. COLOR OR RACE 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1. SEX 1. SEX 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
	5a. If married, widowed, or divorced HUSBAND of	
	(or) HIFE of late Emony D. Beall	22. I HEREBY CERTIFY, Thet I attended deceased from
e.	6. DATE OF BIRTH (month, day, end year) 1851-9-19	Hest when elive on odec 29 1935; deeth is said
certificate	7. AGE Yeers Months Deys If LESS then	to have occurred on the date stated above, at 7 i + 0 f m.
rtif	83 4 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
of ce	8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Arteria relevocis 1925
back	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked et this occupation (month and	
on	10. Date decessed last worked et this occupation (month and yeer)	
instructions	12. BIRTHPLACE (city or town) fredericks les.	Other Contributory Causes of importence:
tru	(Stete or couptry) Maryland.	
ins	13. NAME Relicberry Boyer. 14. BIRTHPLACE (city or town) - Plinkspanon	
See	4 14. BIRTHPLACE (city or town) / Multiparon (Stete or country),	Neme of operation Dete of
		Whet test confirmed diegnosis? Wes there an autopsy? We
important.	# Martana	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:
por	(Stete or country)	Accident, suicide, or homicide? Dete of injury, 19 Where did injury occur?
im	17. INFORMANT Mrs. Gertie Chancy.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
very	(Address) P. F. D. = IMT. Air Y. M.	, which is a second of the second of th
is v	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
	Place lengtown bent pate tely = 5 = , 1935	Neture of injury
TION	19. UNDERTAKER 6. M. Haltz.	24. Wes disease or injury In any way releted to occupation of deceased?
	(Address) Himfield M.	If so, specify 4
T	20. FILED Het 3, 1935 Lucian /s. Falcons. Registrar.	(Signed) Comot Markey M. D. (Address) New Markey Med

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

inford state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01742
·= - /	County Frederick	Registration Dist. No. 14/
	Village or City Peterswill	No. St Ward
£ 00 £	(If Length of residence in city or town whera death occurred yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
RD. Ever FEICIAN statemen	2. FULL NAME Africand D Belt	
RD.	(a) Residence: No.	St., Ward.
Xact :	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 726 / O 193 S (Year)
BINDING FERMANEN' EXACTL y classified. te.	5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
A EXT .	6. DATE OF BIRTH (month, day, and year) Out 3 1878	I last saw h. see selive on Tub - 15 0 ., 19 35; death is said
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the data stated above, at 2.30 fm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 00	8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Blood of Plee. Date of onset
RESERVED G INK—THIS GE should be that it may be ons on back of	SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and spent in this	Couben, buy.
N RESI MG INI AGE sl so that it ctions on	this occupation (month and spent in this occupation occupation	Other Contributory Canses of importance:
. 4	12. BIRTHPLACE (city or town) 77. (State or country)	
MARGIN UNFADI supplied. n terms, so	13. NAME Terris Belt	
T := (0)	I3. NAME Jewes Oely I4. BIRTHPLACE (city or town) (Stata or country)	Name of operation
WITTI refully in pla	15. MAIDEN NAME My ume Barges	23. If death was due to external causas (VIOLENCE) fill In also the following:
ALMLY, W. d be carefu DEATH in	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
ABOX	17. INFORMANT Bellen R. Nelson (Address) Peter Rivelle med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E C is	18. BURIAL, CREMATION, OR REMOVAL Piace Mersielle Md. Date Feb. 13., 1935	Manner of injury
matton SCAUSE	19. UNDERTAKER ATT 2 FOR (Address) Line managements and	24. Was diseasa or injury in any way related to occupation of deceased?
N. S. N. B.	20. FILED Tab 12, 1985 Ma, & S. Hadge	(Signed) Struct M. D
	If more blanks are needed address State Penistra	M. Charles Street Paleiner P. W. 571 S. M.

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BUNESO V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I .

PHYSICIANS should state RD. Every item of inforof OCCUPA-Exact statement AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. ALY, WITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING should be carefully supplied. WELTE PL mation V. S. No. 1 N. B.-

1. PLACE OF DEATH	CERTIFICATE OF DEATH	140
County Frederick	(3-c)	
Village or City Brunwich Md.	No. St., death occurred in a hospital or institution, give its NAME instead of street and nun	Ward
Length of residence in city or town where death occurred		ds
2. FULL NAME Deorge. W. Brooth	The second service and a second secon	
(a) Residence: No. +01 & A. (Usual place of abode)	St., Ward. 2 3 If nonresident give city or town and Ste	ite.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, PR. DIVORCED (write the word) Wisdows	21. DATE OF DEATH TEL. 27th (Day)	93 (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Margarette.	22. I HEREBY CERTIFY, That I attended dec	eased from
6. DATE OF BIRTH (month, day, and year) 9- 22. 1855	I last saw h_lm_alive on FZL 27 19 38	, 19_0_2
6. DATE OF BIRTH (month, day, and year) 7- 22. 1835 7. AGE Years Months Days If LESS than	to here occurred on the date stated above, at 3 20 m.	eath is said
110 = 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	were as follows:	ate of onse
kind of work done, as SPINNER, Car Despector		
9. Industry or business in which	Classes Museautiti	d'MA
kind of work done, as SPINNER, Gar Lospador SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, Balturer & Ohio RR. 1. Obate deceased last worked at this occuration (month and the control of the	and the state of t	0 1100
10. Date deceased last worked at this occupation (month and \$\infty\$ 1923 11. Total time (years) spant in this year) 12. Total time (years) 12. Total time (years) 12. Total time (years) 13. Total time (years) 13. Total time (years) 14. Total time (years) 14. Total time (years) 15. Total time (years) 15. Total time (years) 16. Total time (years) 17. Total time (years) 18. Total time (years)	Curus Salubus	
no ninella acción de Tras Facilia	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) we works (State or country) Washington Country	1 Line State Property	- A.
1	Calle of Harman	dan
R sti sul	Mars 1	asy 19
(State or country)	Name of operation Date of U	1
5 15. MAIDEN NAME Mory ann Van Sant	What test confirmed diagnosis? Was there an au'o	psy?/
LO MAIDEN MAINE 10/004 MMM, Yan Man	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or posinity) Garroll. Carrely	Accident, suicide, or homicide? Date of injury	., 19
(State or odunity) Carroll. Carrily	Where did injury occur? (Specify city or town, county and State)	
7. INFORMANT Jamy S. Bisyll	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
(Address) 4 1 - a st. January Md,	***************************************	********
8. BURIAL, CREMATION, OR REMOVAL Place Drumbes (M. Date WW. 2., 19.3.5)	Manner of Injury	
19, UNDERTAKER Soo & Daily (Address)	24. Was disease or injury in any way related to occupation of depeased?	5
20. FILED Mars 1 1936 Mrs. H. S. Hudg 10 Begistrat.	(Signed) Angulas Onto his	M. C
	Address	

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HINTALL V. P.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATES	MENTS BY	PHISICIAN
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1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Frederick	Registration Dist. No. 144
Village or City Thursday	
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	os. How long in U.S. if of foreign birth? yrs, mos. ds.
2. FULL NAME // elliam Tranklin	Deckenslaff
(a) Residence: No. Cach Mac. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH THE SAL
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of margarets & Blickensloft	22. I HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Sept. 20-1877	I last saw h alive on 2 5 , 1955; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 730 1 m.
57 2 /3 1day,hrs	ware and plane.
8 Trade profession or particular O - A + '	Coronary Thrombosio Dato of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Care Electrice SAWYER, BOOKKEEPER, etc. Bub Station	Chronic Endocardelis 1934
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	
10. Date decessed last worked et - 11. Total time (years)	
this occupation (month and year) NVV-28-1934 spent in this 23	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Mankland	Cholibetheasis 1933
13. NAME William 7 Blackenstoff	
13. NAME Welliam & Blackenstoff 14. BIRTHPLACE (city or town) Manyland	Name of operation
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Something of town) Shares South	23. If death was due to external causes (VIDL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) marel and	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Selbrum Bleefunstaff Wid.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Thermont Date Jel Lat 1938	Nature of injury
19. UNDERTAKER Killfride & Greeger	24. Was disease or injury in any way related to occupetion of deceased?
20. FILED Felo, 5, 1935 Grand M. Jones. Resistrat.	(Signed) M. D. (Address) Murring M. D.
	c, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

01711

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 4. 1935			
Other contributory causes of importance:	5	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some cntry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

out the particular kind of work done and return that, as spinner, weaver, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriaselerasis	1915	Attack af epilepsy	1 week aga
Chronic interstitial nephritis	1921	Run aver by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritanitis	3 days ago
Other contributory causes of importance:		Other contributory causes of inspectation	
other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
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19. UNDERTAKER (Address)

OCCUPA-

STATE C	F MARYLAND-	CERTIFICATE OF DEATH 01746	
Accepts Death		COSTRUCION MULTIPOS POSICIONES DEL N. 131	
County Frederick		Registration Dist. No. 10	
Village or City Frederic	h.	No. Frederick City Hospital St., Wo death occurred in a hospital or institution, give its NAME instead of street and number)	ard
Length of residence in city or town where		ds. How long in U.S. if of foreign birth?yrsmas	_ds.
2. FULL NAME Thomas Wi	lliam Rutts.		
(a) Residence: No. 339 S. M		St., Ward. If nonresident give city or town and State	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	accessor.
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH February 1st., 5 (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Smit		22. I HEREBY CERTIFY. That I attended deceased f	rom
	e. 26, 1865	Jan 25 , 1935 , to 7-et 1 , 1935 ; death is s	
7. AGE Years Months 1	Days If LESS then 1 day,hrs. orhrs.	to have occurred on the date stated above, at4m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	1001
8. Trade, prefession, or perticular kind of work done, as SPINNER, Ni SAWYER, BOOKKEEPER, etc.		Coronary Declusin Jek	1-1
kind of work done, as SPINNER, NI SAWYER, BOOKKEEPER, etc. Hodustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased iast worked at this occupation (month and	tilizer Factory		
10. Date deceased last worked et this occupation (month and year)			
12. BIRTHPLACE (city or town) Maryla (State or country)	nd	Other Contributory Causes of importance:	
13. NAME Reisan F. Butt	S	0 +4	
13. NAME Reisen F. Butt 14. BIRTHPLACE (city or town) (State or country)	nia	Neme of operation As Caledonia Date of June 16. Whet test confirmed diagnosis? Wes there an autopsy?	
15. MAIDEN NAME Lydia S. F	Tolmes	23. If death was due to external causes (VIOLENCE) fill in also the following:	4
16. BIRTHPLACE (city or town)	aryland	Accident, suicide, or homicide?	
17. INFORMANT Miss. Lottie M		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	•••
(Address) Prederick, A 18. BURIAL, CREMATION, OR REMOVAL	iU •	Menner of Injury	

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Registrar.

(Signed)

24. Wes disease or injury in any way related to occupetion of deceased?

Cem. Dete Feb. 4, 19 35

Etchison & Son

Frederick

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.-Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephräis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 कुल्हार के

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01747
1. PLACE OF DEATH	942
County Frederick	Registration Dist. No. 138
Village or City Near New Market	No. St., Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds,
11.11 71	ashour
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Cashour 6. DATE OF BIRTH (month, day, and year) Cashour	22. I HEREBY CERTIFY. That I attended deceased from 3-lh 20, 1931, to 7-lh 20, 1931; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2-a-m.
about 63 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc	Other Coutributory Causes of importance:
(State or country) Maryland	
13. NAME Basil Cashous 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country) Maryland	What test confirmed diagnosis? By assessed Len Was there an au'opsy? Ma
15. MAIDEN NAME Evelyn Dempsy 16. BIRTHPLACE (city or town) (State or country) Maryland	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mrs. Cinnie M. Cashoul Wife (Address) Mt airy Ma 18. BURIAL, CREMATION, OR REMOVAL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Lio Juguetal Like Livery
Place Prospect Cemelapate Fet 23, 19.36	Nature of injury Securification Nature of injury
19. UNDERTAKER LE. Flatgorier (Address) New Market Md	24. Wes disease or injury in any way releted to occupation of deceased?
20. FILED Feb 23 , 1935 Lucian K. Falcover Registrar.	(Signed) C. M. Van Pade M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 yeor

Gallstones		May 1,1923	Gastroenteritis	1 yeor
The state of the s	ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIA	N
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STATE OF MARYLAND-CERTIFICATE OF DEATH

01748

	F DEATH			(1)-a)	21
oddinty	Fradonials	hin the	Corpoi and little	Registration Dist. No.	21
Village or (Length of res	Jity	ath occurred	(16 55_yrs,_Qmos	No. 634 N. Bentz St., f death occurred in a horpital or institution, give its NAME instead of street at 26 ds. How long in U.S. if of foreign birth?yrs	nd number)
2. FULL NA (a) Resider	ME John Willinge: No. 634 N. Be		,	St., Ward. If nonresident give city or town o	and State
PERSON	NAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	Marian Company of the
3. SEX male	4. COLOR OR RACE		RRIED, WIDOWED. ED (write the word)	21. DATE OP DEATH (Month) (Day)	, 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Butler		22, I HEREBY CERTIFY, That I attend			
7. AGE Yes	5 0	9, 18 Days 6	80 If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 9.30A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11/34 11. Total time (years) 40		Cerebral Humanang	Jan 3		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation (month and year) 12. BIRTHPLACE (city or town) Maryland (Stats or country)		Other Contributory Causes of importance:			
13. NAME U	NKNOWN				
13. NAME U	(city or town)	OWN		Name of operation Date of What test confirmed diagnosis? Was there a	44
15. MAIDEN NA	ME UNKNOWN			23. If death was due to external causes (VIOLENCE) fill in also the follow	
∑ (State or	(city or town)UNKOW			Accident, suicide, or homicide? Date of injury Where did Injury occur?(Specify city or town, county and S	, 19 State)
(Address) 18. BURIAL, CREMAT	Mrs. Margaret F Frederick, Mc HON, OR REMOVAL rview Cem. Fred			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC Manner of injury Nature of injury	PLACE.
19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Md.		24. Was disease or injury In any way related to occupation of deceased? If se, specify (Signed) (Address) (Address)	M. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	LECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephriti	8	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	CAR R (S)	July 5,1927	Peritonitis	3 days ago
	KUREAU V. R.			
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

19. UNDERTAKER
(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Nature of injury

If so, specify

24. Was disease or Injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Pcritonitis	3 days ago
Other coutsile town course of immediate		Other contributous causes of impostance.	
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. N

Frederick, Md.

Frederick

r Liberty Date Feb. 1

Nr

Cem. Etchison & Son

(Address)

19. UNDERTAKER (Addrass)

18. BURIAL, CREMATION, OR REMOVAL

should state

Village or	F DEATH rederick City Frederic Sidence In city or town where	c daath occurred_4	(III) O yrs. mos	Registration Dist. No. No. 1384 Past Chirch Stole 1 St., ideath occurred in a horpital or institution, give its NAME instead of street and the stole 1 St., ideath occurred in a horpital or institution, give its NAME instead of street and the stole 1 St., ideath occurred in a horpital or institution, give its NAME instead of street and the stole 1 St., ideath occurred in a horpital or institution, give its NAME instead of street and the stole 1 St., ideath occurred in a horpital or institution, give its NAME instead of street and the stole 1 St., ideath occurred in a horpital or institution, give its NAME instead of street and the stole 1 St., ideath occurred in a horpital or institution, give its NAME instead of street and the stole 1 St., ideath occurred in a horpital or institution, give its NAME instead of street and the stole 1 St., ideath occurred in a horpital or institution, give its NAME instead of street and the stole 1 St., ideath occurred in a horpital or institution, give its NAME instead of street and the stole 1 St., ideath occurred in a horpital or institution, give its NAME instead of street and the stole 1 St., ideath occurred in a horpital or institution, give its NAME instead of street and the stole 1 St., ideath occurred in a horpital or institution in the stole 1 St., ideath occurred in a horpital or institution in the stole 1 St., ideath occurred in a horpital or institution in the st.	d number)
	ME Irving Hance: No. 334 E.			St.,	nd State
PERSON	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARI OR DLVORCED	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH February 8th. (Month) (Day)	, 193. 5 (Year)
5a. If marriad, wido HUSBAND of (or) WIFE of 6. DATE OF BIRTH	Fannie E. Wa	lker ct. 19, 18	365	1 I Lest saw h alive on 1935, to 8	19.35
8 Trade profe	Months Months S S S Sission, or particular	Days 19	If LESS than I day,hrs. ormin.	to have occurred on the dete stated above, at 1.225P_m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
SAWYER SAWYER	work done, as SPINNER, R, BOOKKEEPER, etc		••••	Hypustatisfer ma	Jel 5
- 1 - 11110 0000	sed last worked at pation (month and 6/3)	2 11. Total tie	ma (years) It in this 16 pation		
12. BIRTHPLACE (c (State or cou	ity or town) Maryla)	nd	***********	Other Contributory Causes of importance:	6 1937
13. NAME	Frederick Crum	n			1102
	E (city or town) Mal	yland		Name of operation Date of What tast confirmed diagnosis? Was thera a	
∑ (State o	LILL TAG	Camel land		23. If deeth was due to extarnal causes (VIOLENCE) fill in also the follow Accidant, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and S	ng: , 19

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

24. Was disease or injury In any way related to occupation of dacaased?...

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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TH UNFADING INK—THIS IS A PERMANENT v sunnlied. AGE should be stated EXACTLY MARGIN RESERVED FOR BINDING

4	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01751
SUE	1. PLACE OF DEATH	(52.6)
200	County Tredorich	Registration Dist. No.
Jo/	Village or City 13 runswick	No. 203 VV. 13 St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
t	Length of residence in city or town where deeth occurredyrs,	
me	2. FULL NAME Dales Les Cum	minas
statem	(a) Residence: No. 20 3 W. 13	St., Ward.
4	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
M 4	MAI F MA TO OR DIVORCED (write the word)	Hele 1935
ed.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
classified	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
	5012.19211	19 35, 6) [4 0 5/4, 19 93
rly	6. DATE OF RIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h M alive on
properly certificate.	1 day,hrs.	to have occurred on the date stated above, at
pr	8. Trade, profession, or particular	wera as follows:
be	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tatoral Discussion
may	9. Industry or business in which work was done, as SILK MILL,	Il subses
	SAW MILL, BANK, etc	701
400	this occupation (month and spantin this year)	Jek-1-
	12. BIRTHPLACE (city or town) Brunseick, Md	Other Contributory Causes of Importance:
s, so ructi	(State or country) Frederick Co.	A The Wall of the State of the
terms, instr	13. NAME James de Cummings	The state of the s
4	14. BIRTHPLACE (city or town) Sandy Ito at	Neme of operation Date of
	(State of country) Washington Co ma	What test confirmed diagnosis? Was there an au'opsy?
EATH in pimportant.	15. MAIDEN NAME Mary Elmira Orindord 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In elso the following:
ATH	o 16. BIRTHPLACE (city or town) 2 Turnsure C, DU (State or country)	Accident, suicide, or homicide?
EA	1 Islate of county) Space assured to a great	Where did injury occur? (Specify city or town, county and State)
AA	17. INFORMANT James hea ummungo (Address) 203 W 3 St Brundungo	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
CAUSE FION is	Place 2 Townsurle Md Date J Et. 21, 1935	Nature of injury
CAUS	19. UNDERTAKER Jesse S. Bailey	24. Was disease or injury in any way related to occupation of deceased?
0	(Address) Drumswick, ma.	If so, specify
T)	20. FILED 7 16 20, 19 25 Mm. H. S. Judy	(Signed) / Allefur many by M. O
)	Registrat/	(Address) Julius West, Thex.
	If more blanks are needed, address State Registrar, 2	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATE	EMENTS BY I	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 01752
1. PLACE OF DEATH	
County Treduces while the content	Registration Dist, No.
7 1 - 2 1	No tredirect City Hoofingtal Ward
Village or City (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town whare death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James Cobert L	away
10 Met Have X Blan	-St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
mole White OR DIVORCED (write the word)	(Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY. That I ettended decassed from
(or) WIFE of Vachel T, Dawson	Keh 16 185, to Jeh 17, 1950
A DATE OF BIDTH (mostly day and year) Jane 12-18-65	I last sew has elive on Jeh 17 1935; death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Yaers Months Days If LESS than	to have occurred on the data steted above, at
70 8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and reletad ceuses of Importence ware es follows:
Treda, profession, or particular kind of work done, es SPINNER, Returned SAWYER, BOOKKEEPER, etc.	August August
SAWYER, BOOKKEEPER, etc.	i action a affine
9. Industry or business In which work was dona, as SILK MILL	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Data deceased last worked at 3 this occupation (month end year) year) 11. Total time (yeers) 444 occupation (month end year)	
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	A.
(State or country)	mune jugaraini
13. NAME YOUR WALLS	nepunes .
13. NAME John Dawing M. 14. BIRTHPLACE (city or town) Martines Burg M. (State or country)	Neme of operation Date of
(State of Country)	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Near Conference (State or country)	23. If deeth was dua to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, 19
X (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mis Jas. R. Dawson (Address) Frederick Ned.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Martinsburg 1. Date 2// 1933	Natura of injury
10 HUDGOTAKED C. E. Claima Hong	24. Wes disease or injury in eny way related to occupation of deceased?
19. UNDERTAKER (Address) Traduck Trad	If so, specify
10-6.0 359-0066	(Signed) M.D.
20. FILED J. T	(Address) I rederich und

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	100
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		可图	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentereds 19 35	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dick Phomos

01753

1. 1	PLACE OF DEATH				(140)			_ ^
	County Frederic	k	WITH	IN COPPORATE	LIMITS OF	Registration	Dist. No. 13	3/
	Village or City Fred			(lf yrs,mos	No. Frederick death occurred in a hospital or it. 28 ds. How long in U.S.	City Hospit nelitution, give its NAMI 6. If of foraign birth?	al St., E instead of street and yrs.	Ward I number) mosds.
2, 1	FULL NAME Edi	th Margs	ret Del	auter				
	(a) Residence: No. He	rmony Gr	OVE (Usual place	of abode)	St., Ward.		rove, Md.	nd State
	PERSONAL AND	STATISTIC	AL PART	ICULARS	MEDICAL	CERTIFICATE		
3. SEX	emale Whit			RRIED, WIDOWED, D. (write the word)	21. DATE OF DEAT	H Lebruary	22 (Day)	., 193 5
5a. if r H (c	marriad, widowed, or divorced IUSBAND of Albert or) WIFE of Albert	Delauter				BY CERTIF	Y. That I attende	d deceased from
6. DAT	TE OF BIRTH (month, day, er	d vaar) Feb	2 זייי פנויי	25, 1892	Nast saw h_ W eliva or		1 ,19.3	, AV
7. AGE		Months 11	Days 27	If LESS than I day,hrs. ormin.	to have occurred on the date The PRINCIPAL CAUSE OF ware es follows:	statad above, at 9.79	A.m.	Date el enset
8 0 8	3. Trade, profassion, or partic kind of work done, as SAWYER, BOOKKEEPER	sular SPINNER, R, etc	lousewif	`e	abortion	_ 3 -woo.		Jaw. 101
OCCUPATION 01	9. Industry or businass in wi work was done, as SILI SAW MILL, BANK, etc	nich C MILL,	t Home		Pertuitis	-1-16 de		Jun 25
O	Date deceased last worked this occupetion (mapth yeer)	1nd 1935	11. Total t	time (years) Int in this 14yrs	, venus			
12. BIF	RTHPLACE (city or town) (State or country)	Marvland	1			, anemia	,	
<u>m</u> 13		Anglebe			Septebli	ia (?)		
HEATHER 14	i. BIRTHPLACE (city or town) (State or country)				Name of oparation Jung What tast confirmed diegnosi	1 001	Deta of	
¥ 15.	. MAIDEN NAME A. n	na Micha	el		23. If daeth was due to extarna			
15. 16	i. BIRTHPLACE (city or town) (State or country)	M aryla	nd		Accident, suicide, or homicide	9?		
	FORMANT Albert (Address) Harmony	Delauter		d	Spacify whather injury occurr	(Specify city or	town, county and St ME, or in PUBLIC P	ate) LACE.
18. BU	RIAL, CREMATION, OR REM	OVAL Mt.	Olivet	Cemeterv	Mennar of injury			
19. UNI	DERTAKER M. R. (Address) Frederi	Etchisor ck, Mary	& Son	0	24. Was disease or injury in e	my way related to occup	ation of decaasad?	ho
20. FIL	ED 23- Tely, 193	n. 🥥	m	Collish Registral.		Tudere	Church him	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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MAR 5 1995			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE C County___ Village or

2. FULL NA (a) Reside PERSO

5a. If merried, wido HUSBAND of (or) WIFE of

6. DATE OF BIRTH

12. BIRTHPLACE (d (State or co

17. INFORMANT ... (Address) 18. BURIAL, CREMA Placeno

19. UNDERTAKER

(Address)

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

V. S. No. 1

ä

ż

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	01754
PLACE OF DEATH		<u> </u>	
County Frederick	1	Registration Dist, No.	31
Village or City Tomer Gine	y Wassital	alno. hisulenie st.	Ward
Length of residence in city or town where death		death occurred in a horpital or institution, give its NAME instead of street as	
0200	100001160	yrsyrsyrsyrs	_mosds.
FULL NAME JOLLY JO	A Worse	2 a - L VIII . O	
(a) Residence: No. 11 (1) Co	(Usual place of abode)	If nonresident give city or town	ad State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH Febr. 27	,~
Male Colored!	single:	(Month) (Day)	(Year)
If merried, widowed, or divorced HUSBAND of	0	22. HEREBY CERTIFY, That I attend	ad descend from
(or) WIFE of Sufoul-	still born	Fab 27 1935 to Feb 2	19 3
ATE OF BIRTH (month, day, and year)	2 1. 35	I lest sew here elive on Sel 2719	5; death is said
GE Years Months	Days If LESS than I day, hrs.	to have occurred on the date steted above, at 1 -m.	
0 0	orO-min.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Still barn	Fal. 25
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		(1months) j	35
10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spant in this occupation	para granes	
8	ncy Hospital	Other Coutributory Causes of importance:	
12 NAME 7 (1:1)	rdan.		
14. BIRTHPLACE (city or town) (State or country)	lad.	Name of operation	7.
IE MAIDEN NAME YM	200 P. 1	What test confirmed diegnosis? Was there e	
711117	nd.	23. If death was due to external causes (VIOLENCE) fill in elso the follow Accident, suicide, or homicide? Date of Injury	
16. BIRTHPLACE (city or town)	14.54	Where did injury occur?	
NFORMANT Minnie M. (Address) Avedenic	ac Motson	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	tale) PLACE.
BURIAL, CREMATION, OR REMOVAL	Freeze,	Manner of injury	
Place Nontenue Comeles	ple 1 - Moss ch 1902	Nature of Injury	
later of the Co		24 Was disease or injury in any way related to occupation of deseased?	m

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrat

If so, specify

(Signed)

(Address) TE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH .	CERTIFICATE OF DEATH 01753
County Frederick	Registration Dist. No. 34
Village or City	NoSt.,Wideath occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Wary a. Sc. (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Hereign	21. DATE OF DEATH Tel- (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSDATOD of (or) WIFE of John Sukelat 10111	22. I HEREBY CERTIFY. That I attended deceased f Gare. 30 ,1935 to Feb , 1935 I least saw h. 2v alive on Feb / 1935 death is
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at/
kind of work done, as SPINNER, Avouse Sawyer, BookKeeper, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and 1/2 7/2 spent in this spent in this	Coronary occlusion Jali 30/93
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
13. NAME Wicholos Baker 14. BIRTHPLACE (city or town) Lettiphing (State or country)	Name of operation Dete of Dete of What test confirmed diagnosis functal evaluates Was there an europsy?
15. MAIDEN NAME Catherine Rolling 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT (Address) 18. BURIAL, CREMOTION, OR REMOVAL Place Januaritahung Wabate Jelay, 4, 1930	Manner of injury
	24. Wes disease or injury In any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. &				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 01750
1. PLACE OF DEATH	(\$2-@)
county Friderick	Registration Dist. No. 135
Village or City Wolfsville	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	os. ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Chew Chizaboth Caster	day.
(a) Residence: No. (Usual place of abode)	2 St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
· Founds Offile OR DIVORCED (write the word)	Met 1935
5a. If merried, widowed, or divorced	(Month) (Day) (Yeer)
HUSBANO of Corp. WIFE of Co. A. C.	22. HEREBY CERTIFY, That I ettended deceased from
Todal Carry	field 1935, to Tel 1935
6. DATE OF BIRTH (month, day, and year) /847 - 9 - 10	I last saw hative on
7. AGE Yeers Months Days If LESS than 1 day,hrs	to have occurred on the date stated ebove, atm.
8) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER,	A property of the second secon
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10-Date deceased last worked at this occupation (month and	Deretta Hounding hat
work was done, as SILK MILL, SAW MILL, BANK, etc	
ODate deceased last worked at this occupetion (month end spant in this	Characte Jacobstal Jaggs
year) occupation	Dther Coutributory Causes of Importence:
12. BIRTHPLACE (city or town) Tred, 60.	bries Countries of Importance.
(State or country) md.	
14. BIRTHPLACE (city or town) The dereck looked	
14. BIRTHPLACE (city or town) The derick Colud	Name of operation Date of
(State or country)	What test confirmed diegnosis?
15. MAIOEN NAME AMA Rechear Harrance	23. If death was due to externel causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of Injury, 19
(State or country) The deriot 100. 100	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Gloy Easterday	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place Repressent Step 7 et. 3 1935	Manner of Injury
10 de 1	Nature of injury
19. UNDERTAKER ALONG THE METERS	24. Was disease or injury In any wey related to occupation of decessed
20. FILED Felo, 2 , 1935 Charles L. Leatherma.	(Signed) M. D.
. Acgura.	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S	2			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

121	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01757			
infor- state UPA-	1. PLACE OF DEATH	(82-0)			
	County Fredguck	Registration Dist. No.			
item of should of OCC	Village or City the Manual	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)			
	Length of residence in city or jown where death occurred 2 yrs,mos.	de How long in U.S. if of foreign birth?yrsmosds.			
CORD. Every PHYSICIANS of statement	2. FULL NAME Sara. Octavia	tiror			
	(a) Residence: No.	St., Ward. If nonresident give city or town and State			
HY S	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
RECO. PH Exact	3. SEX 4. COLOB OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 1 28			
LINI	timale the manua	(Month) (Day) (Year)			
DING AANEN ACTI assified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James N. Finances	22. I HEREBY CERTIFY, That I attended deceased from			
Z Z×J .	16. 29-187A	last saw h lan alive on feb a 6 ,19 8 ; death is sald			
PE PE	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 30 m.			
FOR BI IS A PE stated E properly certificate	65 0 89 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:			
10	8. Trede, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	J			
ED he be be of	kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Derebral Hemorrhage 2/28/3			
RVI CT ould may back	work was done, as SILK MILL, Aun Home				
NK NK	10 Date deceased last worked at 11. Total time (years)				
RES IN AGE I that ons o	year) Occupation S	Other Contributory Causes of importance:			
	12. BIRTHPLACE (city or town)				
MARGIN I UNFADI supplied. n terms, so	(State or country)	Hy feetlesion and			
< : : : : : : : : : : : : : : : : : : :	T	Name of operation Date of Date of			
	14. BIRTHPLACE (city or town) + 11111111111111111111111111111111111	What test confirmed diagnosis? Was there an eutopsy?			
	15. MAIDEN NAME Mary Teatherma	23. If deeth was due to external causes (VIOLENCE) fill in also the following:			
- 10	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19			
AINLY, Id be car DEATH	S (State or country)	Where did injury occur?(Specify city or town, county and State)			
PLAII hould b	17. INFORMANT And the Carlot of the Carlot o	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.			
17 E O	18. BURIAK, CREMATION, OR REMOVAL Street 1 3	Manner of injury			
	Place Many Market Many 100	Nature of injury			
Mation s CAUSE TION is	19. UNDERTAKEN A. Collage Van (Address) Augustan	A4. Was disease or injury In any wey related to occupation of deceased? No			
N. S. N.	20. FILED March / 1935 ama M. Jones Registrar.	(Signed) Shurmont M. D.			
		2411 N. Charles Street Baltimore, Requesting V. S. No. 1.			

(M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ogo
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	OF MARYLAND-	-CERTIFICATE OF DEATH	11758		
1. PLACE OF DEATH	. /	(107.00)	38		
County Freder	cen	Registration Dist. No. / L) 0		
Village or City Pean		No. St., (If death occurred in a hospital or institution, give its NAME instead of street a	ward		
Length of residence In city or town whe	3	os. ds. How long in U.S. if of foreign birth?yrs			
2. FULL NAME Mary	Cathering	Fort			
(a) Residence: No.	al, md	St., Ward.			
PERSONAL AND STATIS	(Usual place of abode)	If nonresident give city or town MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE	5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	1		
Temal White	OR DIVORCED (write the word)	Mark 24	, 193 5 (Year)		
5a. If married, widowed, or divorced HUSBAND of	Jugar	(Month) (Day)			
(or) WIFE of		22. I HEREBY CERTIFY, That I attend			
6. DATE OF BIRTH (month, day, and year)	Sept 23 1849	3	death is said		
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 12.38 m.	ar., weath is suit		
85 5	/ 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	,		
8. Trade, prolession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7. , 7.		Date of onset		
SAWYER, BOOKKEEPER, etc.	no occupation	1. Browles Premiona	326		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc					
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this				
year)	occupation	Other Contributory Causes of Importance:			
12. BIRTHPLACE (city or town)	ederick lev				
(State or country)	If and	- acido 13 montation	2 6 2		
E	out.				
14. BIRTHPLACE (city or town). (State or country)	maneland	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to externel causes (VIOL ENCE) fill in elso the following:			
15. MAIDEN NAME Mary	Late				
16. BIRTHPLACE (city or town)	Trederick	Accident, suicide, or homicide? Data of injury			
State or country)	may land	Where did Injury occur?	6		
17. INFORMANT Miss Ella	John	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
(Address) Temps 18. BURIAL, CREMATION, OR REMOVAL	lenen	Manage of Intern			
Place Inf. Olives Coe	un. Date Jeh. 26 , 193;	Manner of injury			
19. UNDERTAKER Harry E.	Cart. Con.	24. Wes disease or injury in any way related to occupation of deceased?	221		
(Address) Fro	levelle, md	Il so, specily			
20. FILED 9cf 25 , 1995 Lu	cian K. Falconus	(Signed) 30H	M. I		
	Registrar.	(Address) Therein	byllnd.		

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
* 2			
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ADDITIONAL	CDACE	TOD	THE PROPERTY OF	COL A COLONIA DE LOS COLONIAS DE LA COLONIA	TABLE	DITTIOTOT	-
ADDITIONAL	SPACE	FUK	FURTHER	STATEMENTS	BY	PHYSICIA	N

s very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01750
1. PLACE OF DEATH	(86)
county Federick	Registration Dist. No. 13
Village or City Frederick	No. 18 & Righth St. Ward
140	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME What doed 100	
(a) Residence: No. 18 2. 62 (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (white the word)	21. DATE OF DEATH LLLLY /5 1935
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yaar)
(or) WIFE of	22. HEREBY CERT FY That attended deceased from
D NES 10211	they 1 100 they 1 1931
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date steted above at 130 m
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related sauses of Importence
8. Trade, profession, or particular	were as follows:
No of the second	district (m vulgions 7/5/3
9. Industry or business in which work was done, as SILK MILL.	
work was done, as SILK MILL, SAW MILL, BANK, etc	! Cluve mex known
O 40. Date deceased last worked at this occupation (month and year)	
7.1	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME M. Trock 14. BIRTHPLACE (city or town) January town	Nama of operation Date of
(State or country)	Nama of operation Date of What test confirmed diagnosis? Was there en eu'opsy? \(\omega_{\omega} \)
15. MAIDEN NAME Mary Hagan	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
(State or country)	Where did Injury occur?
17. INFORMANT C. Trock (Address) Fundament	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL TREMATION, OF REMOVAL	Manner of injury
Place Tresh Men Co Date 2/17, 193V	Nature of injury
39. UNDERTAKER 6. E. Chine Hon	24. Was disease or injury In any way related to accupation of deceased?
. (Address) Fredrick Mid.	If so, specify
20. FILED 6 - Fel , 1935. O. Dr. W. Curly Registrati	(Signed). Dribushus D. (Address) Ale derick M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

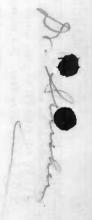
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.	ı				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH .	(97)
County Frederick	Registration Dist. No. 44/
Village or City Brunswick	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John W Ony	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Market S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 74 94 , 193 \$ (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Dusan anne Davis	22. I HEREBY CERTIFY, That I attended deceased from
1845	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h; death is said to have occurred on the date stated above, atm.
Orbant an 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Were as follows: Data of onset District Schools (7) Data of onset
12. BIRTHPLACE (city or town) (State or country)	Le di ac
	Carrier of the Basses
13. NAME Technology 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Justin Miles 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT MO 63 63 OSEER (Address) Tommswick Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Placedolylusatoring Date Och- 12, 130	Nature of injury.
19. UNDERTAKER CATTRICT & SOL	24. Was disease or injury in any way related to occupation of deceased?
(Address) Commowisk Mil	If so, specify
20. FILED TW F 6, 1985 Mm & S. Hely	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	July 5,1927	-Peritonitis	3 days ago		
0.0					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	Registration Dist. No. 39	
-	: No. Md · St., Ward	
s.	teath occurred in a hospital or institution, give its NAME instead of street and number) 6. ds. How long in U.S. if of foreign birth?	
	bish a	
_	Est word undalk md:	
-	If nonresident give city or town and State	
-	MEDICAL CERTIFICATE OF DEATH	
	21. DATE OF DEATH TO 1 9 5	-
	(Month) (Day) (Year)	
-	22. I HEREBY CERTIFY, That I attended decassed from	
1	Jan 18 ,1932, 10 Jel 23 ,1935	
	Glest sew h. L. alive on L. L. 4., 19.3.5; deeth is said	
	to have occurred on the date stated above, at 2:30 A.m.	
	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:	
Ì		
-		
	Pulmonary Tuberculosis	
-	A 1	
1	April 1921	
	Other Cautributary Causes of importanca:	
-		
	Name of operation Novel Date of T	
	What test confirmed diegnosis? Chust Xray Y Was there an autopsy? N	0
	23. If death was due to external causes (VIDLENCE) fill In also the following:	
	Accident, suicida, or homicide? Data of Injury, 19	
	Where did injury occur?	
	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
4		
	Manner of injury	
	Natura of Injury	
	24. Was disease or injury in any wey related to occupation of deceesed?	
	If so, specify A thurst & Shaffer	
	(Signed) Address) Itale Sanatorum M.	L
,	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	1

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Land III				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

Date of onset

Was thera an autopsy?____

(Address)

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

193

(Year)

Date of onset

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Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH .	23)
County Frederick	Registration Dist. No. 134
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James Clark Ke	mball
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH of h 9 1935 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE OF Quedrey U. Kellow	1 HEREBY CERTIFY That I attended daceased from 1930, to Feb 9, 1955
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Gays If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, prefession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this preparation (month and	Pulmonary lubereulous Sooral years ago
year) Jagorian Zo	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Callings (State or country)	
13. NAME James C. Kimball	
13. NAME James & Kimball 14. BIRTHPLACE (city or town) Beltimore (Stata or country)	Nama of operation Data of
15. MAIDEN NAME Sarah Geise 16. BIRTHPLACE (city or town) Beetimene (State or country)	What test confirmed diagnosistic was all the confirmed diagnosis with the confirmed diagnosis was all the confirmed diagnosis with the confirmed diagnosis was all the confirmed diagnosis with the confirmed diagnosis was all the confirmed diagnos
17. INFORMANT Turo Jos. C. /timbell (Address) Finnithing Turk	Where did Injury occur?
Place Limitshing Caloate 2/ 18, 1935	Manner of injury
19. UNDERTAKER U. J. Shuff J. Wel (Address) Furnithen wel	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED freb 7=1935 Mb v fr Street Replitar.	(Signed) M. D. (Address) Sursurbly M.d.

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	July 0, 1921	1 eruonius	o aays ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH should Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth?______yrs.____mos.____ds. statement (a) Residence No.Ward. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) classified. (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of EBY CERTIFY That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Days If LESS than to have occurred on the date stated abova, at 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 01. 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. NO Jo OCCUPAT may back 9. Industry or business in which plnods work was dona, as SILK MILL, SAW MILL, BANK, etc on 10. Dato deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation ... instructions 12. BIRTHPLACE (city or town) (State or country) ATHER See 14. BIRTHPLACE (city or town) plain Name of operation. 12 (State or country) carefully What test confirmed diagnosis?_ Was there an au'opsy?____ MOTHER important, 15. MAIDEN NAME in. 23. If death was dua to external causes (VIOLENCE) fill in also tha following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?... Data of injury (Stata or country) Where did Injury occur? EA (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 百 17. INFORMANT plnods (Address) OF 18. BURIAL, CREMATION Manner of Injury ation Nature of injury_ 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, spacify (Signed). Registrar.

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S. No.

_Ward

(Year)

Date of onset

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFALI V E	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones '	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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7	A. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01770
3	infor- state UPA-	1. PLACE OF DEATH	150
7	ould OCC	County Helderick	Registration Dist. No.
A M	should of OCC	Village or City Mean Garfrield -	No. St., Ward
, –	S	Length of residence in city or town where death occurred by yrs. O mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
1	CORD. Every PHYSICIANS Ict. statement	2. FULL NAME OSCAR, Lewis.	G
Y		(a) Residence: No.	St. Ward.
1	RECORD. PHYSI	(Usual place of abode)	If nonresident give city or town and State
	EG P	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 0	FA.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Yelses 7, 1935 (Month) (Day) (Year)
BINDING	MANENT ACTL	5a. If married, widowed, or divorced HUSBAND of (er) WHE of Olda Fronest Lewis	22. I HEREBY CERTIFY That I attended deceased from
BIN	EX EX Ily clast	6. DATE OF BIRTH (month, day, and year) Que 29-1881	I lest saw h am aliva on Felt 5 198 d; death is said
7	ed ed	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 11.7.3 Pm.
FOR	IS A PE stated E properly certificate.	7 0 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
1	ris be be of c	S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Nooghus Heiser
RESERVED	d d	9. Industry or business in which	Osendo Leutiania 6/1/34
品		O 10. Date deceased last worked at WAA (11 Total time (years)	
田 S S S	0 + 10	this occupation (month and 1934 spent in this occupation	
		12. BIRTHPLACE (city or town) Yarfaceld	Other Contributory Causes of Importance:
MARGIN	ADII ed. s, so ructi	(State or country) Manary Pound,	
R	UNFA supplied n terms, ee instri	13. NAME Mahlora Frash	A a sandone
K	U sul n t	13. NAME Mahlor Frankling 14. BIRTHPLACE (city or town)	Neme of operation Dete of
-	TI bla	(State of country)	What test confirmed diagnosis? Was there an autopsy? Wy
	a ii e	15. MAIDEN NAME Lewis 16. BIRTHPLACE (city or town) Gasfrield	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	NLY, be car ATH mport	16. BIRTHPLACE (city or town) - The face of (Stete or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
	AINI Id be DEA'	17. INFORMANT Daul Lewis	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	E PLA should OF D	(Address) Gaspield Indi	
		18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	-WRITE mation s CAUSE TION is	Piece Dale, Field 7 , 1953	Natura of injury
No. 1	Mad mad CA TTC	19. UNDERTAKER M. d. Collogeroffer (Address) Therming Ing.	24. Was disease or injury in any way related to occupation of deceesad?
20.	(T)	20. FILED talle. 9 , 19 35 Thornells -	(Signed) Marris & Brey M.D.
. > 1	9	Registrar.	(Address) Sturmedown Md.
		15 more blank fre needed faddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V. S.	1.2		
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V.S. N

	OF MAR	YLAND-	CERTIFICATE OF DEATH 01	771
1. PLACE OF DEATH			(N.D)	
County Frederick			Registration Dist. No. / 3 /	
Village or City Near Frede	erick	(1)	No. Too James Valce St., death occurred in a horpital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town wher	e death occurred	yrs,1mos	22 ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Mary Mary	garet Main		January 1	
(a) Residence: No.Gas House	Pike, E. (Usualplace		ickst., If nonresident give city or town and State	
PERSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH February 21st, 193 (Month) (Dey)	5 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of			22. HEREBY CERTIFY, that I attended decea	
6. DATE OF BIRTH (month, day, and year)	December 2	9. 1934	I last saw h 1 alive on Jele 2/ 1935 dea	th is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 9:30 Am.	
1	22	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as Colows:	
8. Trada, profession, or particular kind of work done, as SPINNER,			Viluonary ougtstern 1st	o of onset
SAWYER, BOOKKEEPER, etc.			Garofes 7	2//3
9. Industry or business in which work wes dona, es SILK MILL, SAW MILL, BANK, etc			/	/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	spa	time (years) ent in this upation		
12. BIRTHPLACE (city or town) Near 1 (State or country) Naryl	Frederick and		Other Contributory Causes of Importance:	
13. NAMEFrancis A. Main				
14. BIRTHPLACE (city or town)			Name of operation	
(State or country) Mar	yland		Whet test confirmed diagnosis? Was there an autops	vr. 74
15. MAIDEN NAME LAVO Angl	eberger		23. If death was due to external causes (VIOLENCE) fill In also the following:	
15. MAIDEN NAME LAVO Angl 16. BIRTHPLACE (city or town) (State or country) Mary	land		Accident, suicide, or homicide? Date of Injury, Where did injury occur?	19
17. INFORMANT Mr. Francis A (Address) East of Frede	. Main rick, Mary	yland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Place Place	Date 23-	fiel. 1935	Manner of injury	
19. UNDERTAKER M. R. Etchis (Address) Frederick, M	on & Son	*	24. Wes disease or injury in any wey related to occupation of deceased?	LU3
20. FILED 21 - thel : 1935 2	a). >	Carl	(Signed) / Soducar	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

0	1	27	707	6)
U	1	4	6	4

1. PLACE OF DEATH	(22.2)
County buck	Registration Dist. No. 14
Village or City Sunsuenk	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,	mosds How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME KEN R trank Me	ain
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	21. DATE OF DEATH & B (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
11/17/17	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) Up 1 186	I last saw h alive on, 19; death is said
7. AGE Years Months Deys If LESS that I day,	
681 / 2/ ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, the second for	4
SAWYER, BDDKKEEPER, etc	MIX NO DAY
kind of work done, es SPINNER, Ministry SAWYER, BDDKKEPER, etc. Ministry 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decessed lest worked at his preparation (month and this pr	Wellskon & Was Class
SAW MILL, BANK, etc	Grimary Couse: Chronic massearditis
Description (worth and this occupation (month and year)	Direction: not stated a Care to
year) occupation Day	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Sed & main	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Of our och A Collents	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah & Coblents 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (city or town) (Stete or country)	
1 Bal - 12-2	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Courses	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL & M. L. M.	
Place Ref Elmeting middlelows Date A 193	Manner of injury
allest &	Nature of injury
19. UNDERTAKER	24. Wes disease or injury in any way related to ucupation of deceased?
(Address) Burnowick Mix	If so, specify
20. FILED TW. 9, 19 35 MMs. 18 Sattle	(Signed) M. D.
Registydr.	(Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 Man 3 Ossa			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TYDDATEOTICAL	WOLL AND THE	TOIL	T O ICTITION	DIVITINITATION	DI	TITIOIOTAM

EXACTLY

stated

AGE should be

properly classified.

FION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

WITH UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

V. S. No. 1 m

n:	1	my	2-thy	43
J	1	7	1	J

1. PLACE OF DEATH	r MAK		CERTIFICATE OF BEATH	2 0 0 0	
County Frederick		Within the	Registration Dist. No. 13		
Village or City Frederick		(i	No. S. Market St. Bridge St., f death occurred in a horpital or institution, give its NAME instead of street and no	Ward	
Length of residence In city or town where de	eath occurred 25	yrs,mos	ds. How iong in U.S. if of foreign birth?yrsmos		
2. FULL NAME John Wesle	y Miller				
(a) Residence: No. 1198 N. M	arket (Usualpiace o	of abode)	St., Ward. If conresident give city or town and S	Stale	
PERSONAL AND STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED Married	(write the word)	21. DATE OF DEATH February 10th, (Month) (Day)	193.5 (Year)	
5a. If married, widowed, or divorced HUSBAND of Amanda Eyle (or) WIFE of		3000	1 HEREBY CERTIFY, That I attended of the state of the sta	aceased from	
6. DATE OF BIRTH (month, day, and year) ↑ ⊕ 7. AGE Years Months	bruary 15	1 If LESS than	to have occurred on the date stated above, at 6 Am.	death is said	
66	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
Do Industry or businass in which work was done, as SILK MILL, G & SAW MILL, BANK, atc	11. Total til span occu		Other Contributory Causes of Importance:	7.70	
1	id		-		
13. NAME James Miller 14. BIRTHPLACE (city or town) (State or country) Marylan	d		Name of operation	1'onsv? H	
15. MAIDEN NAME Lucretia Lo	ngmon		23. If daath was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME Lucretia Lo 16. BIRTHPLACE (city or town) (State or country) Maryla	nd		Accident, suicide, or homicide? Date of Injury, 19		
17. INFORMANT Mrs. John W. Mi (Addrass) Frederick, Ma	ryland		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA		
18. BURIAL, CREMATION, OR REMOVAL Mt. Place Frederick, Md.	Olivet (Cemetery 12, 19.35	Manner of Injury		
19. UNDERTAKER M. R. Etchiso (Address) Frederick, Ma		*	24. Was disease or injury In any way related to occupation of deceased?	260.	
20. FILED 2 Sel, 1935, D	Die I.	Registrar	(Signad) Da / Tanafirely (Address) Frederick, D	Rd.	

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Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

DDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

MARGIN

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ADDITIONAL SPA	CE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SE	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Correction of dates of onset of 2 diseases in cause of death authorized April 4, 1935 by letter filed under Dr. McCurdy.-L.

Sonor and

1. PLACE OF DEATH COUNTY TENDERS AND STATISTICAL PARTICULARS JERNAL AND STATISTICAL PARTICULARS S. L. Ward. JERNAL AND STATISTICAL PARTICULARS S. L. Ward. JERNAL AND STATISTICAL PARTICULARS JERNAL AND STATISTICAL PARTICULARS JERNAL AND STATISTICAL PARTICULARS JERNAL AND STATISTICAL PARTICULARS S. L. Ward. JERNAL AND STATISTICAL PARTICULARS JERNAL AND STATISTICAL PARTICULARS S. L. Ward. JERNAL AND STATISTICAL PARTICULARS JERNAL AND STATISTICAL PARTICULARS S. L. Ward. JERNAL AND STATISTICAL PARTICULARS JERNAL AND STATISTICAL PARTICULARS S. L. Ward. JERNAL AND STATISTICAL PARTICULARS JERNAL AND STATISTICAL PARTICULAR	STATE OF MARYLAND	CERTIFICATE OF DEATH 01776
Villago or City Chearant Hold (if death occurred in a hospital or insistetion, give its NAME instead of street and number) Langth of residence in city or town where death occurred. 3. yrs. mon. ds. How long in U. S. if of foreign bleth? yrs. mon. 2. FULL NAME (a) Residence: No. Chilar place of abody PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (5. SINGLE, MARRID, WINDWED) (7) WIFE of Windle, day, end years (4. OR PRITH (month, day, end years) 5a. It married, widened, or divorced (6. ON WIFE of Windle, day, end years) 5a. It married, widened, or giverced (7) WIFE of Windle, day, end years) 5a. It married, widened, or giverced (6. ON WIFE of Windle, day, end years) 5a. It married, widened, or giverced (7) WIFE of Windle, day, end years) 5a. It married, widened, or giverced (7) WIFE of Windle, day, end years) 5a. It married, widened, or giverced (a) Residence: No. Chilar place in the day of the windly 5a. It married, widened, or divorced (b) Wife of Windle, day, end years 10. And the control of the day, end years 10. The PRINCIPAL CAUSE OF DEATH 11. Total time (years) 5a. It married, widened, or giverced (Salte or country) 11. BIRTHPLACE (city or town) What lest contirmed diagnosis? 12. BIRTHPLACE (city or town) What lest contirmed diagnosis? 13. MANNE 14. BIRTHPLACE (city or town) What lest contirmed diagnosis? 15. MARRIE, CECCON OR REMOVAL Place of Journal of the day of the day of the place of injury. 15. UNDERTAKE (Address) 15. WINDERTAKE (Address) 16. BIRTHPLACE (city or town) What lest contirmed diagnosis? 16. BIRTHPLACE (city or town) What lest contirmed diagnosis? 17. INFORMANT Country 18. BIRTHPLACE (city or town) What lest contirmed diagnosis? 18. BIRTHPLACE (city or town) What lest contirmed diagnosis? 19. West death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 19. What lest contirmed diagnosis? 19. What lest contirmed diagnosis? 19. What lest contirmed diagnosis? 19. What lest con	1. PLACE OF DEATH	(79)
Langth of residence in city or fown where death occurred in a hospital or institution, give in NAME, indeed of steet and number) 2. FULL NAME (a) Residence: No. (b) Maria (b) Residence: No. (c) Maria (d) Residence: No.	County Trederick	Registration Dist. No. 131
Langth of residence in city or town where death occurred. S. yrs	Village or City Pleasant Fill	No. St., Ward
2. FULL NAME (a) Residence: No. PLANCE Clumbreed should St. Ward. (b) Residence: No. PLANCE Clumbreed should St. Ward. (c) Clumbreed St. Clumbr	7	
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Clinal place of shode PERSONAL AND STATISTICAL PARTICULARS 3.5EX	2. FULL NAME Mary Chyabeth	Morgan
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Registrat. (Address) It Sudituals made	(Address) presures ned	III III Amilla
	d. FILED 4 Teh 1955. S. dra hauly	6, 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Usual place of abode)	If nonresident give city or town as	nd State
TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Fel. 12 (Month) (Day)	., 1995 (Year)
Days If LESS than 1 day,hrs. ormin.	1 HEREBY CERTIFY. That I attended to the saw has alive on Feloward alive on Feloward. 1 lest saw has alive on Feloward. 1 to have occurred on the date stated above, and saw m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Advantage of the same of the same of the same as follows:	d daceased from 19.30. ; death is said Date of onset
11. Total tima (years) spant in this occupation K Co Lund Manual M	Other Contributory Causes of Importance:	
any land	Name of operation Date of. What tast confirmed diagnosis? Wes there are	
moser	23. If deeth was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	, 19
, Date Feb 14 , 1935	Manner of Injury	
Dramer.	24. Was disaase or injury In any way related to occupation of dacaased? If so, specify (Signed) Colourly Sulles	OM. D

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Example I	įį.	Example II	of the same
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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BURDAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

1. PLACE

2. FULL N

3. SEX

7. AGE

OCCUPATION

Femalee

5a. If married, wide HUSBAND of (or) WIFE of

6. DATE OF BIRT

WORK N 1D. Dete dece

16. BIRTHPLACE (city or town).

9. Industry o

C	TATE	OF MAD	VIAND	CERTIFICATE OF DEATH	1779
		JE MAR	TLAND-	CERTIFICATE OF DEATH	
PLACE OF DEA	ТН			108	
	erick	••-••		Registration Dist. No.	3 [
Village or City Fr	ederick		(If	ND. E. Patrick St., Extended St., death occurred in a horpital or institution, give its NAME instead of street and	
Length of residence in ci	ty or town whara	daath occurred1	9 yrs 9 mos	16 ds. How long In U.S. if of foraign birth?yrsm	osds.
FULL NAME	Miss. Ma	ry Wellie	Munshower	100	
(a) Residence: No.		k St. Ext		Ward.	
(2) 1103/201100: 1101		(Usual place		If nonresident give city or town and	State
PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
lee whi	R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH February 14th.,	, 193 5
narried, widowed, or divo USBAND of or) WIFE of		and 20	1016	22. I HEREBY CERTIFY, Thet I attended 7. 1935 to 7. 1935 to 7.	
E OF BIRTH (month, day Years	1	1	1915		; death is said
19	Months 9	Days 16	If LESS then I day,hrs.	to have occurred on the date stated above, at 6 20 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows?	
Trade, profession, or pa kind of work dona, SAWYER, BDDKKEE	as SPINNER,	Cashier		Laba Pnemonia	Date of onset
Industry or business in work wes done, as S SAW MILL, BANK, e	which MOV	ie Theater	r	(Refuteral)	7ch7
Dete deceesed last wor this occupation (more year)		11. Totel ti	me (years) It in this 5yrs		
THPLACE (city or town). (State or country)	Marylan	1		Dther Contributory Causes of importance:	~
NAME H. NOTT	nan Munsl	nower			
BIRTHPLACE (city or to (Stata or country)				Neme of operation. Date of	24 -
MAIDEN NAME NAT	mie Hime	es			
	Mo mir	Se nd		23. If death was dua to axternal couses (VIOLENCE) fill In elso the following	3:

12. BIRTHPLACE (State or co FATHER 13. NAME 14. BIRTHPLA (Stata MOTHER 15. MAIDEN N

(Stata or country) H. Norman Munshower 17. INFORMANT Frederick, Md. (Address)

18. BURIAL, CREMATION, OR REMOVAL Placa St. Lukes Cem. Feaga ville 2/16 19 35

19. UNDERTAKER M. R. Etchison & Soh Frederick. Md. (Address)

Registraf

Accident, suicide, or homicide?______ Date of injury______ 19. Where did injury occur?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

24. Was diseese or injury In any way related to occupation of decaased? If so, specify

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Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	ilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	M/AR 5 1605	July 5,1927	Peritonitis	3 days ago	
	BUREAU V.S.				
Other contributory car	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH pluods Within the Corporate Many at Registration Dist. No. Village or City. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. SICIANS How long in U.S. if of foreign birth? ______ yrs. ____ mos.__ RECORD. Ware If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5, SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) manuel (Day) (Year) (Month) ssified. BINDING HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of : death is said H 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months Days II LESS than to have occurred on the dete stated above, at FOR 1 day, ----hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 22 or min. SI were es follows: Date of onset 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER, MARGIN RESERVED SAWYER, BOOKKEEPER, etc., may back 9. Industry or business in which should work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked et 11. Totel time (years) this occupation (month and spent in this that occupation _ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER See Name of operation 14. BIRTHPLACE (city or town) ain (State or country) What test confirmed diagnosis? carefully MOTHER 15. MAIDEN NAME very important. 23. If death was due to external causes (VIOL ENCE) fill in elso the following: in Accident, suicide, or homicide? ... DEATH 16. BIRTHPLACE (city or town (State or country Where did injury occur? should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. OF Manner of injury CAUSE mation Nature of injury. LION 24. Was disease or injury In eny way related to occupation of deceased? (Address) If so, specify (Signed) (Address) Registrar.

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	BUREAU V. S.			
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BINDING

RESERVED

MARGIN

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Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0178	32
1. PLACE OF DEATH	(827D)	
County Frederick	Registration Dist. No. 130	
Village or City Near Treenfield		Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Volume to Michaela		
(a) Residence: No.	St Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year	5
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That i attended deceased	from
(or) WIFE of	an 1934 to Feb 193	8 /
6. DATE OF BIRTH (month, day, and year)	last saw h. LTD alive on Feb 8 ,1935; death is	seld
7. AGE Yeers Months Pays If LESS than 1 day,	to heve occurred on the date steted above, at A. Mm.	
6 d 0 0 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	enset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	7.9.	
A Industry or business in which	menoselerous 14	(7
work was done, as SILK MILL, SAW MILL, BANK, etc.	Cerela al Menso Name 19	24
	the state of the s	30
12. BIRTHPLACE (city or town) Mosta, Co	Other Contributory Causes of importance:	
(State or country) Mary Land.		
13. NAME John (7. Wichol		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation	
15. MAIDEN NAME ROSE CA. Das la -	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external ceuses (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Rose G. Jacob - 16. BIRTHPLACE (city or town) - Yrac (State or country)	Accident, suicide, or homicide?	
17. INFORMANT Clinton Nielula (Address) Astlanda Melula	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Die Aerson Date 2/0, 1933	Nature of injury	
19. UNDERTAKER Hillan V Pue	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Filly 9, 1935 Toly o Routson Registrar.	///>///////////////////////////////	.M. D.

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HIREAU V. S.			
	and .		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County Frederick Registration Dist. No. 139	50
County (Fine distriction Diet No.) 5 9	
Registration Dist. No. L	
	Ward
length of residence in city or town where death occurred we may // ds How long in N S if of foreign high? we may	ds.
Length of residence in city or town where deeth occurredyrsmos/ds. How long in U.S. if of foreign birth?mos	1
(a) Residence: No. 33 Level St., Ward Currolland M. (Usual place of abode) If nonresident give city or town and State	1
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, 21. DATE OF DEATH	
Male Marks to Marks (1993)	5
5a. If married, widowed, or divorced HUSBANO of HUSBANO	
T = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	ie esid
	13 3410
7. AGE Years Months Deys If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es follows: Date of	
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	onset
Kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. S. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked and this occupation (month and this occu	1000
The state of the s	1731
The state of the s	
Spent in this occupation (month and 1924 spent in this occupation (month and 1924 occupation) Other Contributory Causes of Importance:	
II. BIRTHPLACE (city or town) V LOUGH AND (State or country)	
Wear) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) Neme of operation Neme of operation Neme of operation Neme of operation	
(State or country) Whet test confirmed diagnosis? Chest X rout 002 tast there an eutopsy?	n
Whet test confirmed diegnosis? What I to MAIDEN NAME Whet test confirmed diegnosis? What I to MAIDEN NAME Whet test confirmed diegnosis? What I to May 500 Was there an eutopsy? 23. If death was due to external causes (Violence) fill In elso the following:	
Accident, suicide, or homicide? Date of injury	
Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT ALL WAS A STATE OF THE STATE O	
Manner of injury	
	7
(Address) Thursday That if so, specify (Signed) Albert Shaffer	и г
20. FILED 1933 A. Registrar. (Address) State Joanathrulin	m

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		Other contributory causes of importance:	
Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis 87	1 year
		LEB VI	

BINDIN

RESERVED

MARGIN

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	cample I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onsel
Arterioselerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 4 1999	July 5,1927	Peritonitis	3 days ago
	BURFALL V.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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15. MAIDEN NAME

17. INFORMANT

19. UNDERTAKER (Address)

(Address)

16. BIRTHPLACE (city or town) (State or country)

What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury..... Where did injury occur?... (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 18. BURIAL CREMATION, OR REMOVAL Manner of Injury Nature of Injury 24. Was disease or Injury in any way releted to occupation of deceased? If so, specify Registrari If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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MAR - D - LD - D			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF DEATH	(102)	
	County frederick WITHIN CORPO	Registration Dist. No. / 3/	
	Village or City. Fine desick	No. Frederick City Hospital St., death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
	Length of residence In city or town where death occurredyrs,mos.	ds. How long in U. S. if of foreign birth?yrsmos	ds.
	2. FULL NAME Truffy Mr. Ralos		
	(a) Residence: No. Isamsville Md	St. Ward.	
1	(Usual place of abode)	If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH World (Year) (Year) (Year)	
	ia. If married, widowed, or divorced	,, V-3,	
	HUSBAND of Rosabelle Shubbs	22. HEREBY CERTIFY. That I ettended deceased	from
	5. DATE OF BIRTH (month, day, and year) Fet 8 - 1906	liast saw h 23 alive on Tel 19 19 Ji; death I	s said
	AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
	29 0 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of	onset
1	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	71. 12.	7
	Industry or business in which	With Mumminsa.	Y
	work was done, as SILK MILL, On Farm		
	10. Date deceased last worked at this occupation (month and part 123) spent in this year)		
	12. BIRTHPLACE (city or town) Kural Retreat	Other Contributory Causes of importance:	
-	(State or country)		
	13. NAME John E. Chills 14. BIRTHPLACE (city or town)		
	14. BIRTHPLACE (city or town)	Name of operation Date of	
	(State of Country)	What test confirmed diagnosis? Was there an au'opsy?_	as.
	15. MAIDEN NAME Mettie Six 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
	(State or country) Tac (wife)	Where did injury occur? (Specify city or town, county and State)	
	17. INFORMANT Mys. Rusabella Shubbs.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
	18. BURIAL, CREMATION, OR REMOVAL Va	Manner of injury	
	Place Rural Retreat Date Jan 22 , 1935	Nature of Injury	
	19 UNDERTAKER W. E. Falconer	24. Was disease or injury in any way related to occupation of deceased?	
1	(Address) Next Market MA	If so, specify	
	20. FILED 20 Fel. 1935. Dro ne Carolina. Registral.	(Signed) A. Gurtin Clarry (Address) Tudencia MA	. M. D.

V. S. No. 1

Exact statement of OCCUPA-

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properly classified.

SE OF DEATH in plain terms, so that it may be

on should be carefully supplied.

WRITE PLAINLY.

WITH UNFADING INK-THIS IS A PERMANENT

AGE should be

ECORD. Every item of infor-

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	Example II	
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1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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STATE OF MARYLAND—CER	RTIFICATE OF DEAT	Γ
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1. PLACE OF DEATH	JI MAK	ILAND	CERTIFICATE OF BEATH	01787
County Frederick			Registration Dist. No.	131
Village or CityFrederick		(ii 61 yrsmos	No. 33 N. Court. If death occurred in a hospital or institution, give its NAME instead of streets. ds. How long in U.S. if of foreign birth?	it., Ward et and number) ds.
2. FULL NAME Susan Chi				
(a) Residence: No. 33 N.	Court St.		St., Ward.	
PERSONAL AND STATIST	(Usual place		If nonresident give city or tov	
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH February 15 (Month) (Day)	, 193_5 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene A.	Roelke		22. I HEREBY CERTIFY, That I att	ended deceased from
	May 16. 1	8953		9.6. ; death is said
7. AGE Yeers Months	Days 29	If LESS than 1 dey,hrs.	to have occurred on the date stated above, at	e Date of onset
(State or country)	edk, Co.	per ima (years) nt in this upation 40	Other Contributory Causes of Importance:	26-2-3 2400+,
13. NAME Silas Ricke: 14. BIRTHPLACE (city or town)	Md.		Name of operation	1
			What test confirmed diagnosis?	
15. MAIDEN NAME Mary C. 16. BIRTHPLACE (city or town) (State or country)			Accident, suicide, or homicide? Date of injury Where did Injury occur?	, 19
17. INFORMANT Eugene A. R. (Address) 33 N. Court	St. Fredk	. Md.	(Specify city or town, county a Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBL	nd State) .IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Mt. Place Frederick, Md.	Olivet C	em. . 18 ₁₉ 35	Manner of injury	
19. UNOERTAKER M. R. Etch (Address) Frederic		n O	24. Was diseese or in dry in any wey related to occupation of decease	1d?
20. FILED 16 July , 1935	Tam	Registar.	(Signed) Lower Cerry (Address) Turullo, Man	Land, M.D.

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	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	• (
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Ward. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH

County Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town where death occurred (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) (Oav) (Year) 5e. If married, widowed, or divorced HUSBAND of CERTIFY. That I ettanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Montk Days If LESS than to have occurred on the date stated above, at I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. wera es follows: Oate of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPAT 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10-Data deceased last worked et 11. Total tima (years) this occupation (month and spent in this occupation _____ Other Coutributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Washera an autopsy?_ MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicida, or homicide?______ Data of injury______ 19_____ 16. BIRTHPLACE (city or town) (Stata or country) Where did injury bccur?. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury. Nature of injury 24. Was disease or injury in any way related to occupation of deceased?. 19. UNOFRTAKER (Address) If so, specify (Signed) 20. FILEO ZIA Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago	
BUREAU V. S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH County Frederick Registration Dist. No Village or City Frederick No. 20 College Ave St.,

(If death occurred in a horpital of institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long In U.S. if of foreign birth? yrs. mos. ds. D. Every statement PHYSICIAN 2. FULL NAME Mrs. Catherine Adelaide Rowe (a) Residence: No. 20 College Ave., Ward. If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH February 2nd. OR DIVORCED (write the word) Female White Married (Month) (Day) (Year) BINDING 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis W. Rowe 22. CERTIFY, That I attended deceased for April 20, 1906 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Months Days to have occurred on the date stated above, at. FOR 1 dayhrs. 28 The PRINCIPAL CAUSE OF DEATH and related causes of importance 12 or min. 8. Trade, profession, or particular OCCUPATION MARGIN RESERVED kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc. may 9/Industry or business in which At home work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at no this occupation (month and spant in this that occupation .. instructions 12. BIRTHPLACE (city or town) Maryland (State or country) 13. NAME George W. Shipley Maryland 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis?_____ Was there an autopsy HER Margaret Fagan 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following: MOTI 16. BIRTHPLACE (city or town) ... Maryland Accident, suicide, or homicide?______ Date of injury______ 19__ DEATH (State or country) Where did injury occur?____ (Specify city or town, county and State) Mr. L. W. Rowe Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 20 College Ave, Frederick, OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury SE Place Mt. Olivet Cem. Fred Date Feb. 5, 19 35 Nature of injury M. R. Etchison & Son. 19. UNDERTAKER 24. Was disease or injury in any way related (Address) Frederick, Md. If se, specify. (Signed) 20. FILED 4 -Registrar. (Address)

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ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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RUPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of inforproperly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important.

STATE OF M	ARYLAND—CERTIFICATE	OF	DEATH
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01701

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
county trederick	Registration Dist. No. / 3 7
Village or City State Sanatorum	Nec. M
Length of residence in city or town where death occurredyrspaps.	/ /\
2. FULL NAME ON M	later.
(a) Residence: No. 11 H WA G of A Som	and River I ale Mad
(Usual place of abode)	Ward. Word date VM a
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male white OR DIVORCED (write the word)	Jeb / 193 5
5e. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended decessed from
M. 1 .0 .000	1932, to 0-ell. 1: 1933
6. DATE OF BIRTH (month, day, end year) \ Narch 2 909 7. AGE Years Months Devs If LESS than	Nest sew h MM_ alive on_ J J J; deeth is said
	to have occurred on the dete steted above, et 1.0.23 Am.
2) 1 / 0 23 ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	
SAWYER, BODKKEEPER, etc.	R A A A A
work was done, as SILK MILL, West Elect. Installe	Jumonary weralosis May 1934
O NO Date deceased last worked at	
this occupation (month and year) spent in this 4 year	
12. BIRTHPLACE (city or town) Waruland.	Other Contributory Causes of Importance:
(State or country)	
13. NAME Tranklin a.M. Shater.	
13. NAME Cranklin a.M. Shafer.	Neme of operation wone Date of
(State or country)	Whet test confirmed diagnosis? Chart X nay Wes there an autopsy?
# 15. MAIDEN NAME Mattie young.	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Watte young. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur?
17. INFORMANTOHN M. Shafer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 114 madison ave. Riverdale md.	The state of the s
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place trederick Dete unknown	Neture of Injury
19. UNDERTAKER Casnes & Claime	24. Was disease or injury in eny way related to opoupation of deceased?
(Address) Trables cle / Ma	If so, specify
20. FILED 2/7/37 19	(Signed) Aleward S. Shaffer M.D.
Registrar.	(Address) State Sanatorini md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940
County Frederick	Registration Dist. No. / 45
Village or City Myerwill	No. St., Ward
Length of residence in city or town where death occurs 62 yes 8 mos.	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Melvin Frank	lin Shepley
(a) Residence: No. Myeraville	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male Mile Male M	21. DATE OF DEATH Fele. (Month) (Day) (Year)
5a. If married, widowed, or divorced. HUSBAND of	22. WHEREBY CERTIFY, Shat I attended deceased from
Bessel Butts Duply	Areg 19300 FEb 7 1930
6. DATE OF BIRTH (month, day, and year) Upril 3, 1872	, I last saw have alive on TEL 7 , 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, at The PRINCIPAL CAUSE OF DEATH and related causes of importance
- 8. Trede, profession, or particular	were as follows:
SAWYER, BODKKEEPER, otc.	POROKATA ThIAM RASIS
kind of work done, as SPINNER, SAWYER, BODKKEPPER, otc. 9: Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Cost Naig III man areas
SAW MILL, BANK, etc. Fill Gusley W. 10. Date deceased last worked at	Acute Cardiae Dilatation
this occupation (month and /2-24 spant lift his year)	
massilli	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Maryland	Arterio Seleradis
13. NAME Baniel Shepley	Helperteed 10 N
14. BIRTHPLACE (city or town) Mayly Const	Name of operation Mosses Date of V
(State of Country) Mean Manufacture)	What test confirmed diagnosis? Was there an au'opsy?
I 15. MAIDEN NAME I Any Collen Suma	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Collen Suma 16. BIRTHPLACE (city or town) Mary Collen (State or country) war) my sport of	Accident, suicide, or homicide?, 19, 19
(State or country) war my urboille	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT MO MESSIE Shepler (Address) Museranil of no	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL,	Menner of injury
Place IT Thuls ambley 2- 4,1935	Nature of Injury
19. UNDERTAKER Sittle Show. (Address) My es sile Ma	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 2/8 1935 William & Machtel	(Signed) Leafery Waters
Registrar.	(Address) 7714E754111E 111d.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MADVI AND CEPTIFICATE OF DEATH

1. PLACE OF	60 0	V -	5)	7
County	Trederic	2	Registration Dist. No. /	
Village or Ci	ity Zeberte	town	No. St., If death occurred in a horpital or institution, give its NAME instead of street and n	Ward
Length of resid	lence in city or town where		sds. How long in U.S. if of foreign birth?yrsmo	
2. FULL NAT	1 6 0	an Mineria	Limpson	
(a) Residence		our organs-	St., Ward.	
(a) Resident		(Usual place of abode)	If nonresident give city or town and	State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
ナ	While	Midoued	(Month) (Day)	, 193 S (Year)
5a. If married, widow HUSBAND of	ed, or divorced			
(or) WIFE of	Fr. Thomas	W Sunhove	22. I HEREBY CERTIFY That I attended	deceased from
& DATE OF BIRTU (month, day, and year) ${\cal W}$	las 15th 1853	Hast saw h M alive on Jun 3/sh 1935	; death is said
7. AGE Year		Days If LESS than	to have occurred on the date stated above, at 9 4 m	., death 13 341
8	/ /0	15 - 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related gauses of Importance	
9 Trade profes	sion, or particular	1 / 0 101	were as follows:	Date of onset
kind of w SAWYER,	ork done, as SPINNER, BOOKKEEPER, etc	Housewife	O none Multiple arthretis	2 mas
9. Industry or 1	ousiness in which done, as SILK MILL.	1		
9. Industry or 1 work was SAW MILI	done, as SILK MILL, L, BANK, etc	11. Total time (years)	-	
- (1110 0000)	ation (month and	spent in this		
			Other Contributory Causes of Importance:	
12. BIRTHPLACE (cit (State or coun		1111 A		
	Maleland	In mes)		
Ξ	Various.	10000	N	
14. BIRTHPLACE (State or	11	۵	Name of operation Date of What test confirmed diagnosis? Was there an a	
15. MAIDEN NAM	ME CAMANA	Parlama.	23. If death was due to external causes (VIOL ENCE) fill in also the following	
E		10000	Accident, suicide, or homicide? Date of Injury	
O 16. BIRTHPLACE (State or		de	Where did injury occur?	, 13
17. INFORMANT .	Mana Rome	I local and	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACF
(Address)	Libertin	town Ma	-	102.
18. BURIAL, CREMATI	ON, OR REMOVAL	A171	Manner of Injury	
Place_Z_	erlytonen	Date Feld Ant , 1933	Nature of Injury	
19. UNDERTAKER _	Twell to	allough.	24. Was disease or injury In any way related to occupation of deceased?	No
(Address)	Liberty	town Ma	If so, specify	
20. FILED TAN	3 1935 - 2	Den Lucian	(Signed) Otis Q. None	M. I
	7-	Registrar.	(Address) Liberty town, Md.	

V. S. No. 1

RECORD. Every item of infor-

IS A PERMANENT

WITH UNFADING INK-THIS

MARGIN RESERVED FOR BINDING

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y. E.			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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N. B.-WRITE PL.

STATE OF MARYLAND—CERTIFICATE OF DEATH	STATE	OF	MARYLAN	D-CERTIFICATE	OF	DEATH	017	94
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1. PLACE OF DEATH	(3)
County Frederick	Registration Dist. No. 1327
Village or City Middle toward	No. St., Ward
(1	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredrsmos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Intant Sliter	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DiVORCED (write the word)	21. DATE OF DEATH Fel. 10, 1935 (Year)
5a. If married, widowed, or divorced HUSBAND of	22 J HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Feb. 10 ,1935, to ,19
6. DATE OF BIRTH (month, day, and year) Tel. 10,1935	I last saw h alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or perticular	were as follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Boon dead
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this properties) of the company in this countries of the company in the countries of the countr	1 Pozarafer 9
10. Date deceased last worked at this occupation (month and year)	53months)
12. BIRTHPLACE (city or town) Maddle lows	Dther Coutributory Causes of importance:
(State or country)	
13. NAME Seorge F. Sliter	
13. NAME 3 13. NAME 14. BIRTHPLACE (city or town) 11. State or country)	Name of operation Date of What test confirmed diagnosis? Was there an eutopsy?
I 15. MAIDEN NAME ATTAL V. Rides	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Rooms Red	Accident, suicide, or homicide?
E (State or country)	Where did injury occur?
17. INFORMANT George F. Sliter (Address) Widdle State	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of injury
Place Widdle town Date Fol 14, 1935	Manner of injury
19. UNDERTAKER GLANGILL Co.	Neture of injury 24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Middle too & Md?	If so, specify
20. FILED Febr. 14, 1935 D. Grayson Sames	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I	Example II			
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	BEREIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Ccrebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	PHORAL V. N.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA.

PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement stated EXACTLY. MARGIN RESERVED FOR BINDING properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be TION is very important. See instructions on back of fould be carefully supplied.

-WINTER

V. S. No. 1 m

STATE OF MARYLAND-CERTIFICATE OF DEATH

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0	Ž	4	U	J	

A CONTRACTOR	CE OF DEA	TH derick		Validation was deal	(Pg)	21
Villa	ge or City_Fr	ederick			Registration Dist. No. / No. 124 W. All Saints St., f death occurred in a horpital or institution, give its NAME instead of street an	d number)
Lengt	th of residence in c	ity or town whara o	death occurred	yrs	ds. How long in U.S. if of foreign birth?yrs	.mosds.
	L NAME					
(a) l	Residence: No	124 W. A.	ll Saints	St	St., Ward.	
DE	RSONAL AN	ID STATIST	(Usual place		If nonresident give city or town a MEDICAL CERTIFICATE OF DEATH	
3. SEX		R OR RACE			21. DATE OF DEATH	
Fema.		colored	or Divorce Singl	RRIED, WIOOWED, D (write the word) . align*	February 16 (Month) (Oay)	, 193_5 (Year)
5a. If married HUSBA	d, widowed, or divo	orced		1100		11/41/
(or) WI					22. 1 HEREBY CERTIFY, That I attands	
6. DATE OF	BIRTH (month, da	y, and year)	ctober 18	3. 1934	7 / /	5; death is said
7. AGE	Years	Months 3	0ays 28	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at4:30_R.M° The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_ 8. Trad	le, profession, or p	articular	1	1 or min.	were as follows:	Oate of onset
9, Indu	kind of work dona. SAWYER, BDDKKE	as SPINNER, EPER, etc.			Maras mus	160734
9, Indu	stry or husiness in	n which			Pairmany Cause . Lostro-exteritia.	
3	work was dona, as: SAW MILL, BANK,				Duration: not stated Cuga	
-	deceased last wo this occupation (mo year)	nth and	spe	ima (years) nt in this upation		
to the late		Ti).			Other Contributory Causes of importance:	
	ACE (city or town) e or country)		Md.		0.77	
型 13. NAM		ennard Si			Nielele 677007	
E 10. HAII		T)	derick			
	HPLACE (city or to (State or country)	own)FIG	Md.		Name of operation Oate of	7.
		Inlan Istli			What test confirmed diagnosis? Was there a	
x -	•	Welen Hil			23. If death was due to external causes (VIOLENCE) fill in also the follow	
O 16. BIRT	HPLACE (city or to (Stata or country)	own) Fre			Accident, suicida, or homicide? Oate of injury	, 19
			Md.		Where did injury occur?(Specify city or town, county and S	tate)
17. INFORMANT Mrs Glennard Smith (Address) L24 W. All Sts St, Fredk, Md.				dk, Md.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL CREMATION, OR REMOVAL Fairview Cem					Manner of injury	
Place	Trederic	NAL O	Oate F O O	18 ,19 35	Nature of injury	
19. UNOERT	AKERM. B	. Etchis	on & Son	•••	24. Was disease or injury in any way related to occupation of deceased?_	20.
· (Add	ress) Fred	lerick, M	d.		If so, specify	
20. FILEO_	8- Jul.	1935. Du	1. he	under -	(Signed)	M. O.
				Registrar.	(Address) Livench and	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: **Arteriosclerosis**	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	very item of infor-	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
NG	NENT RECORD. E.	TLY. PHYSICI	fied. Exact staten	
MARGIN RESERVED FOR BINDING	HIS IS A PERMAN	be stated EXAC	be properly classi	of certificate.
GIN RESERVE	FADING INK-TI	ied. AGE should	ns, so that it may	TION is very important. See instructions on back of certificate.
MAR	NLY, WITH UNE	be carefully suppli	ATH in plain tern	nportant. See ins
S. No.	. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should k	CAUSE OF DE	TION is very in

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(112)
County Neolerich (O.	Registration Dist. No. 136
Village or City Centerville mos	No. St Ward
4 (1	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Telenbery Anowa	en
(a) Residence: No. Centervillo R70	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, write the word)	21. DATE OF DEATH
Male la Wielowod	(Month) (Day) (Year)
5a. If married, widowed, or divorced HU3BAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
2 - 1 - 1 10/19	TU- 18 ,10 7 (b- 18 ,19 3
6. DATE OF BIRTH (month, day, and year) march 4-/862 7. AGE Years Months Days If LESS than	I last saw hace alive on
70 11 Less than	to have occurred on the date stated above, at
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc.	B. A.
9. Industry or business in which	Militar faction
9 Industry or business in which work was done, as SILK MILL, Yarus SAW MILL, BANK, etc.	
U 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and 1934 spant in this 50 occupation	
12. BIRTHPLACE (city or town) Montgony Co may	Other Contributory Causes of importance:
(State or country)	Bank Marie Maria
13. NAME Clie Symmoton	13/600 butter 140 butteres
I	
4. BIRTHPLACE (city or town) Monthson Conference (State or country)	Name of operation
	What test confirmed diagnosis? Was there an aulopsy
16. BIRTHPLACE (city or town) Montyon & O.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country) Wood	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Gu Snowole	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Reference Work 7 of 18. BURIAL, CREMATION, OR REMOVAL	
Place busses Company Date 22 1933	Manner of injury
riace a large Date 1900	Nature of injury
19. UNDERTAKER ROX Wo Barlen	24. Was disease or injury in any way related to occupation of deceased?
(Address) Conthersony my	If so, specify
20. FILED FRED-20 19 35 - If Thomas las	(Signed) 4 allower Miles M. D
Registrar.	(Address) D. W. Sauet St
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
Other contributory causes of importance:	mount	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

0	1	my	0	Indian
0	1	6	3	6

1. PLACE OF DE			-	B2-a)	
County F	recerick			Registration Dist. No	
Village or City	Plane 4	R.F	P.D. Mt.A	iriNo. St.	.,Ward
Length of residence In	city or town where	death occurred	8 yrsmo	f death occurred in a hospital or institution, give its NAME instead of street sds. How long in U.S. If of foreign birth?yrs	and number)
2. FULL NAME	Frank	E.Spurr		~~~~	
(a) Residence: No.				St.,Ward.	
DEBCONAL A	ND CTATICT	(Usual place	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	If nonresident give city or town	
PERSONAL A	LOR OR RACE	1		MEDICAL CERTIFICATE OF DEAT	Н
Male	White	OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH February, 22,	, 193 5 • (Year)
5a. If married, widowed, or d HUSBAND of					(1021)
(or Delf Lad	ate, Harr	riett C.	Spurrier	22. HEREBY CERTIFY, That I etter	
6. DATE OF BIRTH (month,	day and year) 7 8	260_9_6		I last saw h has alive on Feet 2/ 196	3 8 : death is seld
7. AGE Years	Months	Days	If LESS than	to heve occurred on the dete steted ebove, at 5 2m.	e_e_, death is seid
74	5	16	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence	
8. Trade, profession, or			,	arteria - Relevere	Date of onset
8. Trade, profession, or kind of work dor SAWYER, BOOKK	EEPER, etc	Tarmer,	(retired)	apoplacy	Feb 1
9. Industry or business work wes done, a SAW MILL, BANI	s in which is SILK MILL,				1935-
10. Date deceased last v	vorked at	11. Total ti	ime (years)		
this occupation (r	nonth end	spa	nt in this		
2. BIRTHPLACE (city or tow	m) Fred	7	2.	Other Contributory Causes of importance:	
(State or country)	1W1	mgand	•		
13. NAME	William	T.Spurr	rier		
13. NAME 14. BIRTHPLACE (city or (Stete or country)	101111/	nown	3	Name of operation Dete	71
1		Maruland D.Fow]		What test confirmed diegnosis? Nous Wes there	en eutopsy? Nu
15. MAIDEN NAME 16. BIRTHPLACE (city or	THE L UIL	Unkrour		23. If death wes due to externel causes (VIOLENCE) fill in elso the folio	_
16. BIRTHPLACE (city or (State or country		Marylar		Accident, suicide, or homicide? Date of injury	, 19
(State of County				Where did injury occur? (Specify city or town, county and	State)
7. INFORMANT (Address) R. F	.John L.	Dietric	n,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR		eDate Fab	- 24 1035	Manner of injury	
7	201	Of	عبدان 19 وساحه من	Neture of Injury	101
19. UNDERTAKER	MITA	12		24. Was diseese or injury in eny way related to occupation of deceased	, Ma
(Address)	writt TeTG	V/100		If so, specify PRAMA	
10. FILED Toby 23	, 1935 au	beley 4. M	olecunt	(Signed) anel Coup	- M. D.
		dre	Registrar.	(Address) Illu Market	*

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Cae y and and			
1/1/2			
Other contributory causes of importance:		Other contributory causes of importance:	30 III
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

(Year)

Date of onset

Was there an au'opsy?.

(Day)

(Address) ___

Registrar.

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RUREAU V.	P		
Other contributory causes of importance:		Other contributory causes of importance:	
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	Example I		Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 5 1405	July 5,1927	Peritonitis	3 days ago
	BUREAULVIS			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTI	ER STATEMENTS BY PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting

(Year)

Date of onset

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MAR 5 1800			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrat, 1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 5 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS B	BY PHYSICIAN
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STATE OF MARYL	AND—CERTIFICATE OF DEATH
1. PLACE OF DEATH	(2:2)
County Tre derecto	Registration Dist. No. 13
Village or City Monteure Hospil	al No. St. Wa
Length of residence in city or town where death occurredyr.	(If death occurred in a hospital or institution, give its NAME instead of street and number) 10_mos. 28_ds. How long in U.S. If of foreign birth?
2. FULL NAME Was Sombie We	Ω Λ Λ .
(a) Residence: No. W but Cultural place of abort	Ward. If nonresident give city or towo and State
PERSONAL AND STATISTICAL PARTICUL	
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (write Whole	(Month) 21. DATE OF DEATH (Month) (Year) (Year)
HUSBAND of Corp. Wife of HUSBAND OF Corp.	22. 1 HEREBY CERTIFY, That I attended deceased fr
with social Weldle	Jan 28, 1935, 10 Sel // 193
DATE OF BIRTH (month, day, and year)	I last saw h. 27 alive on Yelr // 19.35; death is s
	LESS than to have occurred on the date stated above, at Sm.
/ 5 or	/,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows: Date of one
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. tadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	e Randhison a
9. Industry or business in which work was done, as SILK MILL,	ilshi Ede 3
SAW MILL, BANK, etc. 11. Total time (ye	Cremary/ Cause: Corebral Removerhage
10. Data deceased last worked at this occupation (month and year) War 11. Total time (year) War 12. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	S / S
7, 0	Dthar Contributory Causes of importance:
2. BIRTHPLACE (city or town) Many and a (State or country)	10 12 1 10 10 2
13. NAME DOLON DA COLOR	- artero Gellerous 1930
13. NAME Ward Messenger 14. BIRTHPLACE (city or town). Manual and a second sec	Name of operation Date of
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Dousy Willide	23. If death was due to axternal causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Dawy Willide 16. BIRTHPLACE (city or town) Waly and	Accident, suicida, or homicide? Date of injury, 19
7. INFORMANT James a Junes Durgo (Address) Wouleville The Leuch Me	Where did injury occur? (Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL Place Line State Date Feb, 1	Manner of injury
9. UNDERTAKER Months Courage Ho (Address) Dhuman	24. Was diseasa or injury in any way related to occupation of deceased?
0. FILED 12 Tah, 1935 D. The The	(Signed) A M. Registrar. (Address) Press of A

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Example I	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	infor- state UPA-		CERTIFICATE OF DEATH	1803
		1. PLACE OF DEATH .	(3-d4)	. 1
)	Every item of SIANS should ement of OCCI	County Inealricle	Registration Dist. No.	'./
	she of	Village or City Eurer gency Hospital W	Just of the Co. M. d. st.	Ward
	1 2 x x	Length of residence in city or town where death occurredyrs	death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital	
	RD. Every YSICIANS Statement	2. FULL NAME Was Barbera Whit		4
	D. I	(a) Residence: No. Baltering Mid	St. Ward Baltings & M	11
		(Usual place of abode)	If nonresident give city or town and	State
	RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	A . E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
5	TL ed.	5a. If married, widowed, or divorced	(Month) (Day)	(Yaar)
	Sign C N	HUSBAND of CO ~ A. \A. +	22. 1 HEREBY CERTIFY, That I attended	daceasad from
7	EXA EXA class	Scallact ville	July 19, 19 34, 10 yeb 20	, 19.73.
2	, and	6. DATE OF BIRTH (month, day, and year) July 23, 1897	I last saw h. er. alive on Jelf 19 ,1975	_; death is said
न	IS A F stated properl ertifica	7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at	
F	IS A PE stated E properly certificate	5 6 2 8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
2	HIS be of	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc		0-0
되 >	HONX	9 Industry or business in which	Carcon Jane acti	July (7)
7	× .c	9 Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (months and this prequestion (months and this prequestion).		
2	0 4 50	O 10. Date deceased lest worked at this occupation (month and year) 11. Total time (years) spent in this year occupation occupation occupation		
7	NFADING I oplied. AGE erms, so that instructions o	year) occupation D	Other Contributory Causes of importance:	
3	Sos	(State or country)		
5	UNFA ipplied terms, instru			
Y		E		
3	F .= 70	(State or country)	Name of operation	240
	E E E	5 15. MAIDEN NAME Sophie, Strage	What test confirmed diagnosis?	
	LNLY, WITH be carefully EATH in pla important.	15. MAIDEN NAME Sophie Stone 16. BIRTHPLACE (city or town) Marshaul	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury	
	INLY be constant and a magnitude of the constant and a magnitu	State or country)	Where did injury occur?	, 19
	ATNLY, ld be car DEATH y import	17, INFORMANT, James Q. Jones Sent.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACF
	E PLA should OF DJ	(Address) Wortena & Tre dericle mo		
		18. BURIAL, CREMATION, OR REMOVAL Tred 700 722 35	Manner of Injury	
(USE ON is	Place Mt. Client Cont Date felo 27, 1935	Nature of Injury	
. 1	CAUS	19. UNDERTAKER M. N. Gletnege & Squ	24. Was disease or injury in any way releted to occupation of deceased Page	0
	e e	(Addrass) frederick ma	if so, spacify	
2	ż	20. FILEB21. Thel., 1935, Dr. Carly	(Signed)	7. M. D.
	(T)	Registrar I If more blanks are needed, address State Registrar, 2	(Addrass)	
		- The state of the	To an Chantes Otteet, Dattimore, Requesting 'U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Chronic interstituti nephritis	1921	Kun over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU 15.76			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF DEATH County Tre dericle	Registration Dist No. 13/
	Village or City Constalling Homestal In	death occurred in a horpital or institution, give its NAME instead of street and number)
1	2. FULL NAME Ruben albert Whitm	
/	(a) Residence: No. dewis tour M.d. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Stugle	21. DATE OF DEATH Jel 16, 193 5 (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. Jel HEREBY CERTIFY. That I attended daceasad from 1935 to Jel 1933
certificate.	6. DATE OF BIRTH (month, day, and year) Sully 23, 1857 7. AGE Years Months Days If LESS than 1 day,	I last saw h alive on Sel-1, 1937; death is said to have occurred on the date stated above, at 10,150cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
of cert	Trede, profassion, or particular kind of work done, as SPINNER, Cateful Medicine SAWYER, BOOKKEEPER, etc.	ware as follows: Date of onset
on back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this 25 MM occupation (cupation occupation occupation)	35
instructions	12. BIRTHPLACE (city or town) Wary and (Steta or country)	Other Contributory Causes of importance:
instr	II 13. NAME Joseph Whitmore	neglialities 1932
See	13. NAME OSEPH Whitney 14. BIRTHPLACE (city or town) Mary Could (State or country)	Nama of operation Data of What test confirmed diagnosis? Was there an autopsy?
important.	15. MAIDEN NAME Come & Elsenobe 16. BIRTHPLACE (city or town) - Mary a land	23. If death was due to external causas (VIOLENCE) fill in also the following: Accident, suicide, or homicida?
very in	17. INFORMANT James a Jones Seept.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
CO Design	Place Lectory Lily Date Fully 1935	Manner of Injury
TION	19. UNDERTAKER MES LESSAGE TO THE CARD CONTROL OF THE CONTROL OF T	24. Was disaase or injury in any way related to occupetion of dacaasad? CO
7	20. FILED 6 Jely , 193 AM Served Registrar.	(Signed) M. D. (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No.

PHYSICIANS should state

item of infor-

WITH UNFADING INK-THIS IS A PERMANENT RECORD.

FOR BINDING

MARGIN RESERVED

stated EXACTLY. properly classified.

AGE should be

be

CAUSE OF DEATH in plain terms, so that it may

matton should be carefully supplied.

of OCCUPA-

Exact statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were as Arteriosclerosis	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Perilonitis	3 days ago	
	BUREAU V. S.				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 B

1. PLACE OF DEATH COUNTY County Co	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01805
Village or City. State	1. PLACE OF DEATH	23
Langth of residence in city or fown where death occurred. 1. FULL NAME (a) Residence: No. 3 9 13	County trederick -	Registration Dist. No. 139
Length of residence in city or form where death occurred 2. FULL NAME (a) Residence: No. 3 9 13		
(a) Residence: No. 3.9.3 (Chus place of shode) PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR PACE OR DIVOKED Convict the weld) 5. It marries, widowed, or divorced or Divoked Convict the weld on Divoked Convict the Well on Divoked Convict th		
PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4. COLOR OR RACE 5. SINGLE, MARRID, WIDOWED, OR DIVORCED (write the world) 5. H. Imarriad, widowed, or divorced 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 11 ILES than h. A. slive on. The day slive does as SPHINER, with a side of the days stated accuss of importance ware as follows: 8. Trade, prolession, or particular finite of which is saw that the secondary of the same stated accuss of importance ware as follows: 8. Trade, prolession, or particular with a side of the days stated accuss of importance ware as follows: 8. Trade, prolession, or particular ware as follows: 1. Inst saw h. A. slive on. The day 19.3.5 death is said to have cocurred on the date stated accuss of importance ware as follows: 1. Inst saw h. A. slive on. The day 19.3.5 death is said to have cocurred on the date stated accuss of importance ware as follows: 1. Inst saw h. A. slive on. The day 19.3.5 death is said to have cocurred on the date stated accuss of importance ware as follows: 1. Inst saw h. A. slive on. The day 19.3.5 death is said to have cocurred on the date stated accuss of importance ware as follows: 1. Inst saw h. A. slive on. The day 19.3.5 death is said to have cocurred on the date stated accuss of importance ware as follows: 1. Inst saw h. A. slive on. The day 19.3.5 death is said to have cocurred on the date stated accuss of importance ware as follows: 1. Inst saw h. A. slive on. The day 19.3.5 death is said to have cocurred on the date stated accuss of importance ware as follows: 1. Inst saw h. A. slive on. The day 19.3.5 death is said to have cocurred on the date stated accuss of importance ware as follows: 1. Inst saw h. A. slive on. The day 19.3.5 death is said to have cocurred on the date stated accuss of importance ware as follows: 1. Inst saw h. A. slive on. The day 19.3.5 death is said to have cocurred on the date stated accuss of importance ware as follows: 1. Inst saw h. A. slive on. The day 19.3.5 death is said to have cocu	2. FULL NAME Sarah a. Wo	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 6. LIMSTIPE Widowed, or divorced (cr) WIFE of WARRIED, WIDOWED 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Wonths Days II LESS than I day,hrs. The PRINCIPAL CAUSE OF DEATH and reletad causes of Importance wars as follows: Date of married, widowed, or divorced (cr) WIFE of WARRIED, Williams and year) 1. S. Tripde, prolassion, or particular North of ward done, as SPINNER, Would be a seemed of the date stated above, at 1.20 f.m. The PRINCIPAL CAUSE OF DEATH and reletad causes of Importance wars as follows: Date clears of importance: 1. Do-Bate deceased lest worked of this occupation (month and) of 1.133 williams as follows: 1. S. BIRTHPLACE (city or town) (State or country) 1. IS, MAIDEN NAME 1. SAN MILL, BARN, stc. 1. S. MAIDEN NAME 1. S. SINGLE, MARRIED, WIDOWED 1. S. LIMSTHPLACE (city or town) (State or country) When city in give on the date stated above, at 1.20 f.m. The PRINCIPAL CAUSE OF DEATH and reletad causes of Importance wars as follows: 1. Date of injury 1. S. MAIDEN NAME 1. Total time (years) 2. S. It as to sweet the second of the date stated above, at 1.20 f.m. The Proceedings of the date stated above, at 1.20 f.m. The Procedure of the date stated above, at 1.20 f.m. The RINCIPAL CAUSE OF DEATH and reletad causes of Importance wars as follows: 1. S. MAIDEN NAME 2. S. MAIDEN NAME 2. S. MAIDEN NAME 2. S. MAIDEN NAME 2. S. MA	The state of the s	
Sh. II martied, widowed, or divorced (or) wife of Warrish (widowed, or divorced (or) wife of Warrish (widowed, or divorced (or) wife of Warrish (with the continuation of the continuat		MEDICAL CERTIFICATE OF DEATH
8. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 11 LESS than 16 day	OR DIVORCED (write the word) 5. II marriad, widowed, or divorced	(Month) (Day) (Yaar)
8. Trade, prolassion, or particular kind of work done, as SPINNER. SAWYER BOOKEREPER, atc. 9 industry or business in which was as as follows: Saw MILL, BARK, atc. 10-bits deceased lest wride of this occupation (month and the process of the pr	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days il LESS than	I last saw help aliva on Feb 14, 1935; death is said to have occurred on the date stated above, at 9:50 P: m.
Salator country ShartPLACE (city or town) State or country	26 2 ormin.	wars so fallows:
Dthar Coutributory Causes of Importance: 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT AGAAL WOLF (ON ACCIDANT ACCIDAN	8. Trade, prolassion, or particular kind oil work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Pulmonary Tuberculors Sept 1933
12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Data Wolf (on admitted by the a		Diber Contributor Control of Importance
What test confirmed diagnosis? ALL Augustana an autopsy? 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)		Tuber culosus Larynaitie
What test confirmed diagnosis? ALL Augustana an autopsy? 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	13. NAME F.W. Gooding	Pharyngitis + Tonsillitis
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Jack Wolf (on admixion (Address) 3913 Fact are Balto Ma. Date 18. BURIAL, CREMATION, OR REMOVAL Place Dalto Male Date Male Male Male Male Manner of injury 19. UNDERTAKER M. L. Class + Jon (Address) 20. FILED Male Male Male Male Male Male Male Male	14. BIRTHPLACE (city or town) Ua. (Stata or country)	Puspertain 10
Whera did injury occur? (Specify city or town, county and State) 17. INFORMANT Agrah Wolf (on agrah) (Address) 3913 Fair and Balto Ma 18. BURIAL, CREMATION, OR REMOVAL Place Dalto Male Manner of injury Nature of Injury Nature of Injury 19. UNDERTAKER When the property occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) The property occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER When the property occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) The public Place occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) The public Place occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify city or town, county and State) (Address) 3913 Fair and State) (Specify city or town, county and State) (Address) 3913 Fair and State) (Specify city or town, county and State) (Address) 401 Fair and State) (Specify city or town, county and State) (Address) 412 Fair and State) (Specify city or town, county and State) (Address) 412 Fair and State) (Specify city or town, county and State) (Specify city or town, county and State) (Specify city or town, county and State) (Address) 412 Fair and State) (Specify city or town, county and State) (Specify city or town, county and State) (Address) 412 Fair and State) (Specify city or town, county and State) (Specify city or town, county and State) (Address) 412 Fair and State) (Specify city or town, county and state) (Specify city or town	15. MAIDEN NAME Exther Carpenter	
17. INFORMANT AGAIN WAS CON AGAINSTON Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 3913 Fast Gave Balts Ma. 18. BURIAL, CREMATION, OR REMOVAL Place Dalto Ma. Date Manner of injury Nature of Injury 24. Was disease or injury in eny way related to occupation of dacased? (Address) The Address Manner of injury (Signed). (Signed) Manner of injury in eny way related to occupation of dacased? (Signed) Manner of injury in eny way related to occupation of dacased? (Signed) Manner of injury in eny way related to occupation of dacased? (Address) The Address Manner of injury in eny way related to occupation of dacased? (Address) Manner of injury in eny way related to occupation of dacased? (Address) Manner of injury in eny way related to occupation of dacased? (Address) Manner of injury in eny way related to occupation of dacased? (Address) Manner of injury in eny way related to occupation of dacased? (Address) Manner of injury in eny way related to occupation of dacased? (Address) Manner of injury in eny way related to occupation of dacased? (Address) Manner of injury in eny way related to occupation of dacased? (Address) Manner of injury in eny way related to occupation of dacased? (Address) Manner of injury in eny way related to occupation of dacased? (Address) Manner of injury in eny way related to occupation of dacased? (Address) Manner of injury in eny way related to occupation of dacased? (Address) Manner of injury in eny way related to occupation of dacased? (Address) Manner of injury in eny way related to occupation of dacased? (Address) Manner of injury in eny way related to occupation of dacased? (Address) Manner of injury in eny way related to occupation of dacased?	[16. BIRTHPLACE (city or town) UA (State or country)	Where did injury occur?
Place Balto: Ma:Date white Nature of Injury 19. UNDERTAKER M: L: Creater + Son (Addrass) 24. Was disease or injury in eny way related to occupation of dacased? 25. FILED Hall (Signed). (Signed). (Address) State Sana for the son of the so		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
20. FILED. H. G. (Signed). State Sana Torum M. D. (Address) State Sana Torum M. D.	V4 0 + 10.1	
20. FILED FALLY (Address) State Sana Torum My		
	Registrar.	1

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BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
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